THE MEDICAL FORTNIGHTLY

Vol. XXXIII ST. LOUIS, MARCH 10, 1908. No. 5

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LEADING ARTICLES

A SKETCH OF THE HISTORY OF THE ANTI-TUBERCULOSIS CRUSADE.*

LOUIS M. WARFIELD, M. D.

ST. LOUIS.

THERE have been at different times of the world's history many scourges that have been for the time and age the overwhelming curse of mankind. Many of the plagues of former times are unknown to our day and generation, and we who are now living have seen the stamping out of others. It is only necessary to mention typhus fever, syphilis, and smallpox in order to set in motion brain tracts that every one of us can easily follow to their logical ending.

The plagues of the ancients have for us only an historical, but yet a keen interest. The efforts of our forefathers to deal with their problems give us, so to speak, a *point d'appui* from which to set out on our own present problems. It suffices to call to mind the enormous advance made in our knowledge of the sciences allied to medicine to show us how much better able to cope with disease we are than were our ancestors. Superstition and empiricism have to great extent vanished, and in their stead has come accurate scientific knowledge concerning many of the diseases that devastate mankind. In our conceit we often speak somewhat disdainfully of the knowledge of the ancients, and we are apt to smile at many of the odd theories advanced to explain the origin and course of the epidemic diseases. Let us not be too hasty in our judgment else when we become better acquainted with these ancients we find that relatively, and indeed at times absolutely, we are the ignorant ones after all.

In looking up the history of the anti-tuberculosis crusade one is constantly being surprised at the little advance made in our conception of the prophylaxis and cure of consumption. Hippocrates, strange to say, has nothing to say concerning the contagiousness of consumption, although he has given us a number of pertinent facts with regard to the disease in general. However, a contemporary of his, Isocrates, leaves us in no doubt that there were some who regarded consumption as a communicable disease.

Whether or not Galen considered consumption to be a communicable disease I have not been able to find out, but he has left us a classic description of the phthisical chest, the so-called alar type. He further affirms that there are two forms of consumption, the one originating in a defluxion of the head, the other being connected with the rupture of a vessel in the lungs. This corresponds with what we know today of the onset with bronchitis and the onset with hemorrhage.

The history of the anti-tuberculosis crusade can not be more than roughly sketched in such a paper as this. When Koch in 1882, published his epoch-making discovery of the cause of the disease it was confidentally predicted that before a generation had past tuberculosis would be an historical disease. In spite of the fact that there were those who firmly believed that the disease was communicable, the patent fact that consumption carried off the members of families one after another, had deeply rooted in the minds of the people, and many of the medical profession, the surety of the hereditary character of the disease. So firmly grounded is this belief that even today we meet with not only laymen, but doctors, who refuse to believe that the disease is only communicated and not hereditary.

So far as I have been able to find the actual beginning of the anti-tuberculosis crusade seems to have been at Olivuzza in Italy, where in 1760 a special hospital was erected to segregate the phthisical patients.

*Read before the St. Louis Medical History Club, January 23, 1908.

Not long afterwards, in 1782, there was an edict emanating from Naples to the effect that consumption was a comumnicable disease, and provision was made for isolation of the patient and sanitation of his surroundings.

Spain and Portugal appear to have been the next states to issue laws concerning tuberculosis. In the early part of the 19th century the law provided for the disinfection of the clothes, bedding, utensils, etc., of the consumptives who had died. Even before this time there is evidence that some states realized that tuberculosis of the lungs was a communicable disease, for in a letter from Chateaubriand, written in 1803, while at Rome, is mentioned a "law of the time of the Goths," wherein "phthisis is declared in Rome to be a contagious disease." Also as early as 1747, when phthisis was universally regarded as an incurable disease, Latham cites a letter of a Scotch physician who affirmed absolutely that his results proved that hygiene and diet were the most important means of cure, and medicine and climate but more or less precious adjuvants.

It is evident that even in the middle of the 18th century there was a man bold enough to state that consumption could be cured, and moreover his method of treatment is the same as that used in our most modern sanatoria, and his ideas are quite modern.

Up to 1791 the hospital at Olivuzza appears to have been the only one exclusively for the use of phthisical patients. In this year England comes into the history of this movement and established in Kent county the Royal Sea-Bathiug Infirmary for Scrofula. From that time on to the advent of Brehmer and Dettweiler and the discovery of the tubercle bacillus, England was the most progressive of all the countries in the activity with which she carried on her anti-tuberculosis work In 1814, the Royal Hossital for Diseases of the Chest was founded in London. A most important and far-reaching step was taken in 1836, when there was passed the act providing for the construction of hygienic houses. Again, in 1841 the great Bromton Hospital was founded. England was the first country to establish hospitals on a large scale. That the results of these measures was highly beneficial is shown to some extent by a report of the Registrar-General for England and Wales. This report shows that although the population in 1896 was far above the figures for 1870, yet the deaths per million people were reduced from 2410 to 1307.

In Dr. John B. Huber's book on "Consumption and Civilization' is a most interesting and significant bit of history. In 1840 a certain George Bodington of Sutton Coldfeld, Warwickshire, England, published an essay "On The Cure of Pulmonary Consumption on Principles Natural, Rational and Successful." He laid emphasis on diet, fresh air day and night, together with systematic arrangements with regard to exercise and general treatment, and the continuous watchfulness over the patient by the doctor. He believed that cold was never too intense for a consumptive. His patients were treated at Sutton in his own sanatorium, and his pamphlet was based on personal observations. His was the first private sanatorium for consumptives, and in all respects was quite similar to the modern one. He was too far ahead of his time. For no sooner were his results made public than he was subjected to persecution, and his patients were forced out of his sanatorium.

This doctrine of fresh air day and night is no new one. Nor is the careful hygienic management of the patient anything of a recent discovery. The world is just beginning to awaken to this fact, and the ravages of tuberculosis have given impetus to the more careful study of the disease. Moreover the people themselves are becoming enlightened.

Forty years ago, reviving the doctrines of Bodington, Brehmer, Dettweiler and Unger, insisted that fresh air was the essential factor and not any particular variety of climate. It has taken some time for this all-important fact to sink into the public intelligence. Even now there is scarcely a meeting of a large medical association that his subject is not brought out and dusted off.

In 1859, Brehmer opened his sanatorium at Goebersdorf, in Prussian Silesia. His was a private sanatorium, and his principles of treatment were essentially those enunciated by Bodington. He was more successful than his English colleague in quashing criticism. Dettweiler, his pupil and a patient at his sanatorium, founded in 1879, at Ruppertshain, the first sanatorium for the consumptive poor. Since that time Germany has taken and held the lead in the anti-tuberculosis crusade. No country has as many sanatoria for the poor. The system of Wage Insurance has been of inestimable benefit to the working man. Out of the funds of the societies there have been hundreds of thousands of dollars spent in the building and equipment of sanatoria. We may inveigh as much as we please against a paternal government, but at least under such a form of government there is every effort made to conserve to the state the lives of its subjects.

It was from Germany that the discovery of the tubercle bacillus was announced, and

Germany stands today in the forefront of the fight.

It might be supposed that the United States had been resting idle while all this epoch-making work was being done. This is not so, although we have not done as much as some other countries. However, we are now making up for lost time, and the next ten years will see us well in the van of the fight.

When the history of the anti-tuberculosis crusade is written the name of Dr. E. L. Trudeau will stand out in bold letters. Himself a consumptive, he has led many by his example and help to recover their health in the place that gave him back his health. As a leader in this movement he has been and still is without a peer.

In 1884 he started the sanitarium at Saranac Lake in a small cottage. No need to tell the interesting story of its phenomenal growth, or what it has done for the cause of the tuberculosis crusade in this country. The influence exerted by this pioneer and his devoted band of workers was not shown substantially until fourteen years later, when the first state hospital for incipient cases was opened, not in New York, his native state, but in Massachusetts, at Rutland. New York City was next to take up the work seriously. Through the efforts of Dr. H. M. Biggs, notification of all cases of tuberculosis in the city was made compulsory. In 1902 the transference of prisoners from Blackwell's Island gave the opportunity to utilize the buildings for a tuberculosis infirmary. During this year Dr. Knopf wrote to officials in every state in order to gather data concerning the work. He found that besides the institution at Rutland, there were in Maine and Maryland institutions that were taking the places of state hospitals. In New York State there was a state sanatorium. In 1905, in Rhode Island there was a sanatorium fulfilling the place of a state institution. Also in the year 1902 the State of Washington had laws requiring physicians to report every case of tuberculosis. A number of State Boards of Health also issued circulars of instruction.

Cincinnati showed her active interest in 1897 by opening an institution for consumptive poor in a special building five miles from the General Hospital. This move was followed by 1902, in the establishment of a hospital for Tuberculous Prisoners in Minnesota, a Hospital for Insane Tuberculous in Mississippi, an Agricultural Colony for Tuberculous Prisoners in Texas. In only one city in the country was there a special tuberculosis dispensary. That was in New York.

Even before this the United States government took up the question of caring for the men in the army and the marine corps who developed tuberculosis, and in 1889 opened two sanatoriums, in New Mexico, one at Fort Stanton and the other at Fort Bayard.

The interest in the work was becoming more general. Several state legislatures had been asked for appropriations to build sanatoriums, and men in different parts of the country were actively working. Through the munificence of Mr. Henry Phipps, an Institute for the Study and Prevention of Tuberculosis was founded in Philadelphia and opened in February, 1903. The efforts of Drs. Osler, Thayer, Welch, Fulton and others in Baltimore, culminated in the first Tuberculosis Exhibition that was held at Baltimore in January, 1904. At that exhibition men well-known to be active in the anti-tuberculosis crusade gave addresses and demonstrations. There can be no doubt but that this exhibition was the starting point of the National Association and marked the most important step that had been taken in this country. This Association was organized in this year and held its first meeting at Washington in May, 1905. Since that time the campaign has moved forward by such leaps and bounds that it would take all evening just to state the numbers of sanatoria, anti-tuberculosis societies and other organizations that are actively engaged in the effort to stamp out the curse of our age. There is not a state in the Union today that somewhere within its borders does not contain a group of men and women who are banded together to fight the common foe.

The fact that the next meeting of the International Congress on Tuberculosis will be at Washington next September has given an enormous impetus to this now world movement. For it is not alone in Europe and North America that the campaign is actively carried on. In the countries of South America there are most active societies. Special dispensaries have been established in Brazil and Chili and at Havana in Cuba. Several of the South American Associations publish journals of the same nature as our St. Louis Society's "Relief." Our men are active in the Philippine Islands and in Hawaii. Japan has also taken the matter up.

The International Congress at which are gathered men from all over the world, came into existence in Paris in 1898. It met in Berlin in 1899, again in Naples in 1900, in London (a meeting made memorable by the address of Dr. Koch on the specificity of human and bovine bacilli) in 1901, and finally as an International Congress in the full sense of the word in Paris in 1905. It was then made a triennial congress.

In local matters our own State is in line. We have active societies in St. Louis and Kansas City and have organized a State Association which is working to get the counties into line. To date there have been several county organizations. Our State Sanatorium at Mt. Vernon, has been running since July of this year, the one building is full, and there is a long waiting list already. It is hoped that before very long there will be accommodations for fifty patients.

An important feature of the campaign has been the exhibit. Soon after the founding of the National Association a traveling exhibit was collected which has now been shown in eighteen cities. During the past summer it has been at the Jamestown Fair. We in St. Louis have an exhibit which has been shown in store windows and in several halls. Last summer we had a most successful series of outdoor meetings in the yards of the public schools. Probably 80,000 people saw our lantern slides and heard our lectures.

The work all over the land is growing apace. Anyone who regards this great movement as a fad of the moment is sadly in error. Not until we have succeeded in stamping out this plague even as smallpox has been stamped out will we rest on our oars and take a survey of our work and relax our efforts.

WHAT DOES DISEASE MEAN?

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NATURE, or the world, is not diseased. Nevertheless, disease exists in the world. Man knows that Nature cures all diseases by the final resort to dissolution, that is never more or less than the conservation of energy. This is the world's system of lawful economy, the unit of which must equal the world's life; no man need feel ashamed to call God. The fact that all modern science has reduced the world's system of lawful economy down to the conservation of energy by the instrument of his conscious soul of feeling which ends in the unit of his life as an effect! There is not one thing more certain: The cause must be equally as great as the effect. Otherwise the world we know would not exist.

This general outline of principles at once reveals such a variable system of relation; it is no wonder why the problem, what does disease mean? is one of the most difficult and involved tasks that comes up for final solution. Indeed, the fact that man calls Nature the vis medicatrix, means the world is the one and only real "doctor." Also means, he instinctively acknowledges he is subject to a higher power. Modern science has reduced this power of the world down so clear in the conservation of energy that equals the light of its conscious soul of feeling as an effect measured by the unit of its life! All that is necessary, is to demonstrate that this is not the soul of one cause to prove the world, truth, law and life does not exist.

Sir Frederick Treves in his Glasgow address said: "Man would not live, neither could exist, if there was no disease in the world.' To me this is one the greatest and most profound generalizations of lawful truth in modern times. Indeed, it equals the world's ideal soul of truth measured by the unit of his life so clear an effect, feels sure that every part plays a related whole therein throughout all eternity as a "survival of the fittest" Indeed, the present strife to eliminate the tubercle germ of life out of existence is not within the range of man's possibility. To learn what it means, and become familiar with the part it plays, is all that man can expect. When he learns this simple truth, it will only be an object of how not to inhibit, also learn to keep the standard of his health so high, it is invulnerable to this attack.

In the "Elements of Natural Philosophy," Lord Kelvin says: "Until we know thoroughly the nature of matter and the forces which produce its motions, it will be utterly impossible to submit to mathematical reasoning the exact conditions of any physical question." This is not all of the truth measured by the standard of Lord Kelvin. It is more than absolutely certain that matter and force play a related part in his real and ideal light of living truth that he "thoroughly" understands.

If this was not true, just as surely he was one of the first and most influential forces that helped to formulate the last, and by far the greatest of all known physical laws of truth—the conservation of energy—which exists upon the stage today, and comes up for final solution.

With these factors at hand, we must confine our standard of Lord Kelvin's soul to the wealth of what the conservation of energy means. We know it equals the light of his life so pure, hewed to it with all honesty, because instinctively felt it equals the end of all known truth, that lays the foundation of one immortal cause, just as surely the whole equals the conservation of energy measured by the light of his conscious soul of feeling as an effect born out of a cause

infinitely greater, but can never transcend life; why the word—soul—and the conservation of energy mean the same thing. The Journal of the American Medical Association in its editorial, December 12, 1907, best portrays last year's memorable conflict with all the coldness of indifference. Lord Kelvin showed his truly scientific spirit in the fact, when Sir William Ramsey announced that he had observed the evolution of helium from radium emanations, instead of combating such a menace to the doctrine of the conservation of energy with which he was so closely associated, he at once admitted that this observation had put the first question mark against it."

This is the measure of his greatness. Please remember, however, he never gave anything away that compromised his former convictions in the last year of his life. What is most wonderful, he kept the light of his soul such an open book, it was not within his being to deny a fact that he could not assimilate. At no time or place has he dropped a stitch or missed a link in the ideal product of the conservation of energy in which his soul of living truth plays a related part therin through all eternity. When he said: "Do not imagine that by any hocus pocus of electricity and viscus fluids you can make a living cell." He unfolded a truth so clear, no one need fear or tremble that Professor Loeb can any more make life in the laboratory out of dead matter, than be the father of his own mother. Lord Kelvin also said: "It is also impossible to conceive the beginning or continuance of life without an overruling creative power." Is there any clearer evidence he believed in a supreme being?

No greater truth than this has ever been penned by the soul of man's life. This is what the conservation of energy means in the pure and ideal soul of Lord Kelvin. It took all the resourceful light of the world's greatest and most profound scientific genius to pour the wealth of their soul into this world retort of truth, before it became possible to formulate the conservation of energy that is never more or less than the truth of the world's system of lawful economy measured by the conscious soul of feeling. Why we must here confine ourselves to the standard of Lord Kelvin's life as the unit of measure to which we must hew. Seconté drank from this cup of light so deep, he everywhere bordered near the theme of the world's physical conservation of energy. Nevertheless, at no time did he have courage enough to say, it equals the light of God's soul of living truth. After a few moments mature thought, this is not wonderful, neither strange, because science is still in the earliest hour of making. No matter what wonderful laws of ideal truths the future may unfold and reveal, there is not one thing more absolutely certain than that the children of science, religion and philosophy, will march arm in arm towards this ideal immortal home of God's living soul of truth.

When man once learns this simple truth, he will learn infinitely more than ever known before. In proportion he knows that God's soul is the one standard of measure to which all must hew is only the beginning of the end towards which all alike journey without end. These three great wings of science, religion and philosophy will still continue to exist, because there is proportionately more work in sight than ever before; although measured by the same unit of God's immortal soul. Help me, and I will help you, will be the motto that hangs before every man's door.

On September 12, 1904, the Chicago Tribune reports Sir William Ramsay to say: "I do not suppose there is one-tenth of an ounce of radium in the world. If you can imagine getting that amount together, it would supply more energy than 250 tons of dynamite. All previous calculations in science are likely to be upset by radium." An ancient philosopher said: It is possible to create an animal that will eat himself. Is it unjust or unfair to ask the question: Does not Sir William Ramsay measured by his own words illustrate this idea?

When Lord Kelvin reduced the light of his innermost soul of feeling down to the real conservation of energy that is never more or less than the world's working system of lawful economical truth measured by the unit of his life as an effect; then is more than absolutely certain his soul permeated throughout every quarter of the horizon by system until it faded into infinity, only to come back by law out of eternity, until it became possible for him to formulate the conservation of energy as effect that must be born out of an infinitely greater power of cause which must be alike limited to the same light of soul measured by the unit of his life. I portray this simple truth with all brevity, to see if it is possible to carry the ideal light of his pure soul a step higher.

He laid down the premises on such an enduring and sound foundation by formulating the platform of the conservation of energy; it is merely a question: Do we understand what it means? This at least is absolutely certain; it equals Lord Kelvin's soul measured by the unit of his life. Why no man can find a flaw in the world's system of lawful truth that violates the conservation of his own soul. Indeed

Lord Kelvin has carried the world problem into such an immortal height, it no longer becomes possible for him to tell a shade of difference between cause and effect, other than by the conservation of energy, the reaction of which ends up so equal and opposite, feels sure that his soul was born out of the immortal wealth of God's soul of living truth; just as surely that the holy and sacred law of pure matrimony bears witness it is the most scientific law of physical economy wherein each parent transmits its unadulterated love by the route of posterity as an inspiration of their soul, with the hope it will carry it a step nearer towards the immortal kingdom of God's truth, that never was or will be, always is. God is such a simple standard of measure to which all mankind can hew without end that conserves all within the light of His soul wherein not an atom can escape. God is truth.

The world or universe is infinitely more than a conservation of energy that is never more or less than the system of the world's work in the lawful and constructive organization of its power to which it is limited. If the conservation of energy does not portray Lord Kelvin's ideal soul of truth after his conscious feeling which ends up in the unit of his life as an effect, then it would be impossible for him to reveal and unfold the pure universal light of his soul, that alone comes up for final analysis.

These real and ideal factors of science carry us up into the immortal hights of poetic expression that reveals and unfolds the innermost soul of man's conscious feeling which ends up in the pure hight of his life as an effect. Hence poetry today is incomparably greater than all known science, religion and philosophy that exists. Indeed, each of these three great wings alike end up bankrupt in proportion have lost the wealth of their soul, in the simple and beautiful expression of poetic words:

"Where did you come from, baby dear?
Out of the everwhere into the here."

These few words make all modern science, religion and philosophy beggars, in relation have lost the light of their soul, by learning the world is merely dead matter and force.

This is what Lord Kelvin stands for. Is the conservation of his own soul of living truth. "Do not imagine that by any hocus pocus of electricity and viscus fluids you can make living cell." "Although the growth of our knowledge is ever accompanied by a proper proportional growth of our estimate of the unknown, we seem already entitled to say that we have

Come on that which is, and caught
The deep pulsations of the world,
Aeonian music, measuring out
The steps of time." —RICHARD PROCTOR.

The truths of man are still in darkness, surrounded on all sides by mystery, clouds of confusion hover over all departments of established and organized experience, is a prolific culture bed or basis to engender and breed all kinds of "fads" and "isms" from raw to half-baked truths lay the foundation for an incalculable amount of wrongs in man's social system, in which the swollen stream of sin, misery and crime, is the legitimate product of organized law as demonstrable evidence; every term of which is in active, living practice today.

This law of living world truth lays a sound, enduring, true, economical foundation on which build the superstructure of man's social system that will grow in worth and value as time rolls on, gradually weed out organized sin, disease and crime; resolve darkness, dissipate the clouds of confusion and mystery, light up and unfold the true world in clearer and brighter vision; usher in and bring about a new social life, so much better and greater than the present, the wildest flights of ideal fancy on the wings of boundless imagination will pale and fade out in comparison.

DUHRING'S DISEASE, WITH CASE REPORT.

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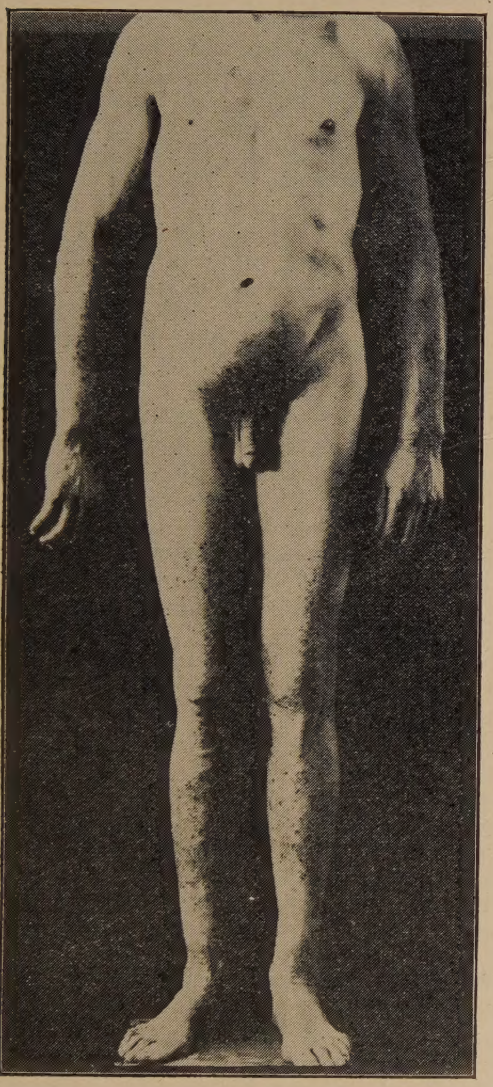
DERMATITIS HERPETIFORMIS (the dermatite polymorphe douleureuse of Brocq and the pemphigus circinatus of the Vienna School) is a chronic relapsing inflammation of the skin, characterized by an erythematous, papular, vesicular, pustular or mixed eruption which exhibits a tendency toward grouping, and is usually accompanied by sensations of burning and intense pruritus.

The condition is a rare one; of 123,746 cases of skin disease represented by the statistics of the American Dermatological Association in the ten years intervening between 1878 and 1887 there were only 41 examples (.033 per cent) of dermatitis herpetiformis.

The vesicular type is that most frequently encountered, the lesions varying in size from a pin-head to a pea, and are rounded or irregular in shape, occurring in segmental groups, the adjoining vesicles tending to coalesce and form bullae, which at first contain serum, but later muco-purulent fluid.

The pustular lesions persist for some time, but finally dry up, the succeeding crusts being followed by pigmented stains. The extent of the eruption varies greatly. It is usually bilateral and roughly symmetrical.



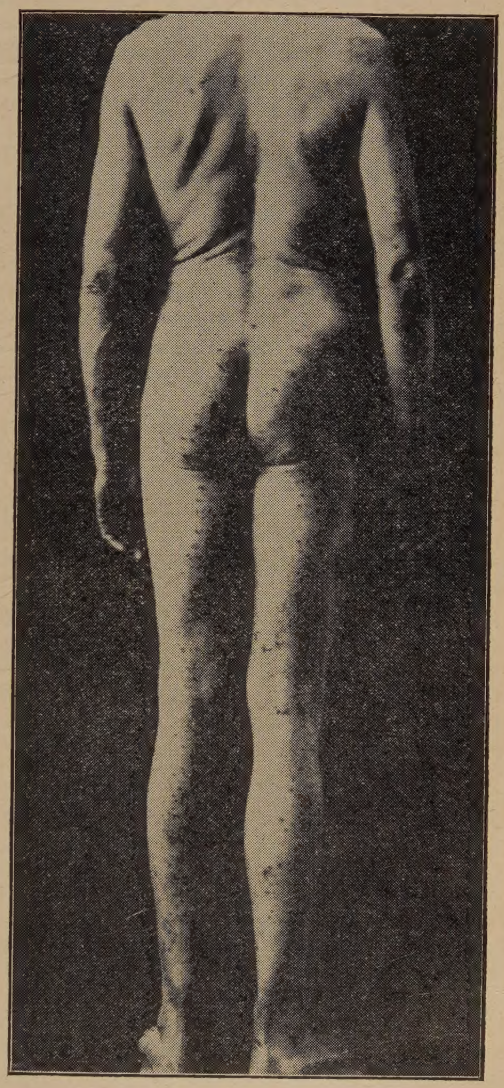
The mucous membranes may be affected. The lesions develop quickly, persist for two or three weeks, then disappear, only to be reduplicated on some other part of the body.

An out break will be followed by a period of uncertain length, during which the patient enjoys comparative peace, then another exacerbation will put an end to rest and comfort for a space of several days.

The duration of the disease is quite long, from one to several or more years, as a rule. The pruritus is intense, especially when a new patch is in the developmental stage. The cause is unknown, although the majority of observers believe the affection to be of nervous origin. Worry, anxiety and mental strain undoubtedly tend to increase the severity.

One form of the disease is seen only in pregnant women, and is known as "herpes gestationis."

It has been thought to follow vaccination or some slight local infection at times. The health of the affected individuals is usually below par, although the presence of no other definite ailment can commonly be demonstrated. The prognosis is not particularly cheerful. As in psoriasis, the patient cannot be promised a positive cure, but much relief can generally be secured by proper care and treatment. The following typical case is of interest.



E. V. G., farmer, age 45 years, married, a native of Missouri, but now living near Waverly, Kansas, was referred to me for treatment in the fall of 1907. He is the father of three children, all living and well. One sister died of tuberculosis; the family history is otherwise negative. The patient has not been vaccinated for twelve years.

The present trouble first commenced in July, 1903, as an itchy, vesicular eruption on the right fore-arm. This was treated as an eczema, but the relief was only transitory.

Since then the disease has gradually become general and now quite a large surface is involved.

The eruption is of the mixed type, the blisters averaging about .8 xl. cm. in size, and the overlying membrane is more friable than usual.

The itching is intense and continuous. It appears to be partially relieved by the rupturing of the vesicles, but the cessation is only temporary.

Repeated careful examinations have failed to unearth any definite etiologic factor. The urine analyses show nothing pathologic beyond a slight indicanuria, and the blood is normal except for an eosinophilia of trifling degree.

The arterial pressure varies from 127 to 136 mm. Hg. (Riva-Rocci, Cook), and the hemoglobin, at present, is 86 per cent.

I have found the most satisfactory treatment in these cases to be the regulation of the bowels and the administration of an intestinal antiseptic, combined with the use of a tar preparation (ung. picis comp. or liq. carb. detergans) locally.

In addition, a strictly vegetable diet, freedom from worry and mental irritation, and total abstinence from tea, coffee, tobacco, and alcohol are to be recommended.

No. 276 Masonic Building.

Rheumatism often follows tonsillitis, and it is agreed that when it does so the heart is more apt to be diseased by the rheumatism later on.

When an operation is performed for removal of a tumor at the base of the brain, one should be careful to retract upward (pressing on the hemispheres) instead of pressing downward (on the medulla), which may paralyze the vital centers.—Amer. Jour. of Surg.

That Mythical Doctors' Building.—Here's something from Cleveland which has been sprung so many times in St. Louis as to be no longer interesting here: "A sixteen-story building, capable of providing office room for 400 physicians, with an emergency hospital, drug-store, assembly room and library, is being planned by a number of Cleveland (O.) doctors. Already over fifty doctors and dentists have signified their willingness to have stock in the company and locate in the new building. An elaborate building, such as planned, will cost in the neighborhood of $1,000,000. The plan will be to have doctors take much of the stock themselves, with outside capital furnishing what will further be needed. The first three floors will be devoted to stores and allied trades of the profession. A drug-store will be located on the ground floor, while other trades catering to doctors will have warerooms on the second and third floors." We are from Missouri, and when the above materializes we will gladly be "shown."

A New Method of Testing the Functions of the Digestive Apparatus.—Einhorn (Therapeutic Gazette, January, 1908) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances. Practically this test is made made as follows: Patients are given in a gelatin capsule a string of beads with the following substances attached thereto: catgut, fish-bone, meat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool-sieve until the bead-string has been recovered. If diarrhea is present the sifting may not be necessary, as the bead-string can readily be seen (usually at the bottom of a glass vessel). Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal we find that catgut, meat, and potato (except the skin) disappear entirely, thymus and fat almost entirely, whereas the fish-bone usually disappears, but occasionally it may be present. The nuclei of the thymus always disappear. In pathological conditions deviations from the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturbances of the digestive function). The author divides his cases of intestinal digestive disturbances into two groups: 1. Those of pure nervous intestinal dyspepsia. 2. Those of genuine intestinal dyspepsia. In that great class of cases of intestinal dyspepsia, in which the starch digestion alone is disturbed, taka-diastase (Takamine) has proved of especial value.

The Medical Society of City Hospital Alumni

President, WM. E. SAUER Humboldt Building
Vice-President, L. H. HEMPELMANN
Secretary, W. H. LUEDDE.
Treasurer, E. LEE DORSETT.

STANDING COMMITTEES:

Scientific Communications, Drs. Williamson, Shutt and Barr.
Executive, Drs. Behrens, Falk and Oatman.
Publication, Drs. Loeb, Mook and Greiner.
Entertainment, Drs. Hinchey, Zimmerman and Baumgarten
Public Health, Drs. Reder, Amyx and A. E. Taussig.

OFFICIAL TRANSACTIONS.

PRESENTATION OF PATIENT; ANEURISM OF ARCH OF AORTA.

L. H. BEHRENS, M. D.

ST. LOUIS.

INTRODUCING his subject, Dr. Behrens said: Another case, similar to this, was a colored woman who came to the Washington University clinic with another colored woman, having a slight cough. The woman was 46 years of age. We found that she had an aortic stenosis, although there was no previous history. I had hoped to present here to demonstrate what a severe lesion is possible without any clinical evidence whatever.

This case is an interesting one, similar to one I presented a year or two ago. It is an aneurism of the arch of the aorta with paralysis of the left recurrent laryngeal. It is just that type of patients that visit various physicians for simple cough and are prescribed for. On one occasion a patient had had the throat treated for three months for throat symptoms entirely, and we found an aneursm of this type. To the credit of Dr. Sauer, I will say the case was referred to our clinic from his clinic. That patient came to our clinic some two years ago and still lives and is still without pain. In this case we find a similar condition and a similar history. In no one of the cases we have had at the Washington University clinic have we failed to get a luetic history. In this case we get a history of the condition some twenty years ago. This man is a shoe-cutter by occupation, not severe work, not requiring any strain. He noticed three or four months ago that he was becoming a little hoarse and having severe cough. He tried various cough remedies without avail. He came to the clinic some thirty days ago with a history of cough, no pain whatever, no other symptoms, able to do his work well, and able to assume any position without distress. The peculiar cough in this case attracted our attention. It is called "gander cough," from its resemblance to the peculiar noise made by the gander, and is different from the usual type of cough. It is due to a paralysis of the cord, which is usually on the left side. We find to the left of the median line, in the superior portion of the chest, a tumefaction, not marked, or very expansile, but we have the peculiar pulsation. The tracheal tugging is very manifest in this patient, due to the aneurismal sac pulling down the trachea at each pulsation. There is no doubt a very well organized clot in the sac. There is not very great pulsation. The area of dulness is fairly large on percussion. On lateral inspection we find very little tumefaction. But we know, of course, what in time will transpire in these cases. We are all in the way of error at times, and I felt that this case would again demonstrate that a cough may mean something more than a bronchitis.

DISCUSSION.

Dr. H. W. Soper thought this very interesting, especially on account of the cough and absence of pain. He had seen some very good results in Vienna in cases where the gelatine treatment was used; 30 c.c. of gelatine hypodermatically every second day, the patient being kept in bed for six weeks.

Dr. Louis Rassieur had seen a case of aneurism about a year ago, in which there were not as many symptoms as in the case just presented. That patient had diabetes, also. After being examined very carefully, the man had died, about an hour following the examination.

Dr. Behrens said he had brought this patient before the society, because the man had been treated for cough, and all coughs were not bronchitis. As to the ultimate outcome, the man's days were numbered. Dr. Glasgow used to say that if a patient with an aneurism of the type presented lived eighteen months, that was as long as could be expected, and it was very seldom that such a patient lived longer than that, although at the clinic one case had been under observation some three years, and still had no pain or distress, with a very marked tumefaction and a paralysis of the left recurrent laryn-

*Read before the meeting of January 16, 1908.

geal. They had tried various forms of treatment. The gelatine treatment had been tried at the City Hospital and it had failed. While in Vienna he had seen it tried, especially in those cases where there was a marked degree of pain and it was desired to bring about fibrous formation of clot. He believed, however, that all the patients had died.

Dr. Soper asked Dr. Behrens how long they had treated the patients at the City Hospital.

Dr. Behrens replied that these patients only lived about five months at the longest. These patients were given small doses of kali iodide, not for the reason that they expected a restitution of the arterial tunics, but for the slowing of the heart and the gradual dilatation of the arterial walls and the general improvement of the circulation. They were given rest and in a few cases an attempt had been made to insist on a low form of diet, but this they would not submit to in their homes.

In reply to a question by Dr. Homan, Dr. Behrens said that the aneurism sac pressed upon the nerve just where it passed over the artery on the left side.

CASE OF SEVERE TYPE OF NEURASTHENIA RELIEVED BY A PARTIAL SECTION OF THE EXTERNAL RECTUS.

MEYER WIENER, M. D.

ST. LOUIS.

On October 18th, 1907, I was asked to examine the eyes of Miss A. D., aged 21, a S. Vincent's Asylum. She was complaining of pain in the eyes while reading and also blurring of print. I found her visual acuity to be $\frac{14}{12}$ in either eye, with a manifest hyperopia of 0.5 D. and no astigmatism. Range of accommodation normal. Fundus normal. The history obtained from Dr. Herman and the sisters, showed the patient to be extremely nervous and quick tempered, becoming melancholic at times. Her home surroundings had not been the most pleasant, which no doubt exaggerated her condition, and she was sent to St. Vincent's for rest and observation. One of her supposed delusions was that she was constantly asking for material to write home, but would not use them after a few moments, complaining of her eys hurting. Again, she would walk about in the garden with one eye bandaged, claiming she could see better with either eye alone than with the two. On closer examination I found an exophoria of from 5 to 6 degrees with the Maddox rod, and about 6 degree with Stevens' phorometer. This could also be demonstrated by having patient fix on the tip of a pencil, and covering one eye; on uncovering the eye rotated several degrees. On October 30th another examination was made at the office, showing the same amount of exophoria. Patient barely able to overcome a 15 degree prism base out. Could fuse images with the Worth-Black amblyoscope to 13 degrees. On account of the patient's acute condition, a partial section of the external rectus was advised, the operation being given preference over orthoptic exercises alone, expediency being deemed the wisest course. On November 13th a partial section (after Todd) of the left external rectus was made under cocaine anesthesia, patient standing the operation well. On November 17th the conjunctival stitch was removed. Patient was given an amblyoscope to use for fifteen minutes at a time twice daily, and within a week was able to fuse to 45 degrees. An examination under homatropine showed the visual acuity of right eye to be $\frac{14}{12}$ with plus 0.62 D.Cyl. Ax. 95 deg. Left plus 0.5 D. S. vision was $\frac{14}{12}$. This correction was ordered. The patient began to improve immediately after the operation. On December 12th there was less than one degree of expohoria. Patient in much better spirits. Was able to ride down town in the street car without becoming dizzy and nauseated, as she had previous to the operation.

Dr. Herman reports that her general condition has improved to such an extent that she is ready to leave the institution (December 15).

It is an established fact that eye strain can produce a great many constitutional disturbances, such as headaches, nausea, vomiting, pain in the back of the neck, dizziness, attacks, simulating epilepsy, and numerous other symptoms.

In this case it had worked such havoc on the patient, while the benefit came so quickly, that I thought this short report might be of interest to the members of this society.

500 Carleton Building.

DISCUSSION.

Dr. W. H. Luedde stated that such a condition of exophoria was frequently caused by the use of strong plus glasses prescribed by opticians. People asked for glasses and were fitted with glasses that magnified slightly. They selected a glass too strong, and gradually by its use the mechanism of accommodation became weakened. The power of convergence was also reduced in a similar manner. In doing so the external muscles developed a degree of exophoria, followed by a train of symptoms, not so severe,

perhaps, as in the case described by Dr. Wiener, but there was pain, discomfort after reading and a feeling of vague heaviness, etc. This could be relieved by restoring the patient to a glass which, while it would not permit them to do fine work, brought about very slowly the balance between the external and the internal muscles to what it should be.

Dr. Llewellyn Williamson said that this case added another chapter to the lesson that the oculist was trying to teach the profession at large, that eye strain was frequently the cause of conditions not usually attributed to it. Eye strain did not necesarily mean that the strain was due to refractive error, it might be due to some muscular anomaly. His personal experience with these conditions without operative treatment had not been very satisfactory. In many of these cases some form of operative procedure was indicated. The operation performed by Dr. Wiener, if permanent in result, was ideal. It gave almost immediate relief, but it remained to be seen whether after some months the exophoria would not return.

Dr. George Homan supposed that a Philadelphia oculist was responsible for this, but what he wished to know was precisely what did that authority mean by "eye strain."

Dr. Wiener did not know what Dr. Gould meant by eye strain. While Dr. Gould was undoubtedly a crank on the subject, he had done much good in drawing attention to the fact that eye strain might produce conditions of which the general public had no idea. Dr. Wiener recalled one case in particular, a man who had been sent him with a history of epileptiform attacks and pain in the back of the neck. He had a slight degree of astigmatism. After the proper glasses were prescribed he had no further attacks. When Dr. Gould reported these cases he was laughed at, but undoubtedly many cases might be thus relieved. Dr. Wiener was not in favor of too hasty operative procedure in these cases. The case reported was quite acute. The girl was in such a condition that she had had to be sent to an asylum. She had had various glasses prescribed, in fact she had some six or eight pairs of glasses prescribed by ophthalmologists, but not one had suggested operation. In the operation described, the attachment was left, though one did lengthen the muscle, and it did not interfere with the abduction, so that the greatest objection to section of the muscle was done away with. This was the method presented by Dr. Todd at the Ophthalmic Section of the American Medical Association last year, and it met with the approval of some of the strongest opponents to the operation as done formerly. The externus was so much weaker than the internus that it had comparatively little power, and this was done to establish the balance of the muscles. There was an association between accommodation and convergence. When the accommodation was weakened there was a proportionate disturbance of the convergence. Of course it was not possible to say that the relief in this case was permanent, but in a letter just received from the patient she had stated that she was feeling very comfortable, that she was having little trouble with her eyes and believed she was going to get well.

Dr. Luedde, referring to the statement made by Dr. Wiener in regard to the epileptiform manifestations, reported a somewhat similar experience. The patient was wearing glasses ordered elsewhere some months before. She recently had a conjunctivitis and it was advisable as usual, to measure the refraction. When a plus 5-10 glass was added the patient very promptly went into an epileptic attack. As soon as the addition of plus 5-10 was removed, or when only plus 25-100 was added she was relieved. The slight blurring caused by the plus 5-10 glass was enough to upset this very nervous patient and bring on such an attack. No doubt there is an hysterical element in these cases. Perhaps some of the phenomenal results reported to follow tenotomies of cases of lack of muscular balance are due to suggestion, which accompanies the surgical procedure.

PRESENTATION OF SPECIMENS.

Dr. Freund presented two hearts, one a fetal heart, with the foramen ovale open. The child lived five days.

The second specimen was a heart showing a very slight aneurism, and was interesting, inasmuch as it showed that every aneurism that ruptures is not necessarily a large one. The man was about 45 years old. He had been drinking and had gone into a saloon and asked for a glass of beer when he fell over apparently dead. He was taken to the morgue and the morgue keeper found that his heart was still beating and sent him to the dispensary. By the time he had arrived at the dispensary he was dead. Dr. Hartmann, the coroner's physician, found about a quart of blood in the pericardium, and a small rupture of an aortic aneurism, a very small dilatation. The heart cavities were full of blood, and the rest of the body superficially was congested. This case was interesting from the fact that usually an aneurism that ruptured was large and could often be diagnosed beforehand, but it would have

been impossible to diagnose this one. Dr. Freund added that he had under observation an aneurism of considerable size, though there was absolutely no symptom except cough.

DISCUSSION.

Dr. Behrens found the second specimen very interesting. Of course it was a condition that no one could diagnose ante-mortem as aneurism. Perhaps there might have been noticeable a churning sound, the result of flow of blood through the uneven artery. This looked like an ulceration through the walls, and it was in the area where ulceration usually occurred in endocarditis. He recalled a case in a young girl in which there had been a diagnosis of typhoid fever. That was before the days of the Widal reaction. At the postmortem, an ulceration of this character was found and the pericardium was found full of blood. In reality the heart had stopped beating through the immense amount of and pressure of the blood surrounding it. So one could readily understand how possibly the heart was beating when the morgue keeper examined the man, and how it had been stopped through the pressure of the blood. Very probably his condition was syphilitic in origin. Usually the artery did not assume this atheromatous type except in the presence of syphilitic change.

Dr. Carl Fisch agreed with Dr. Behrens that the artery was typical of the syphilitic condition, so-called atheroma, and the perforation was in the location where similar cases had been reported to have occurred. That such atheromatous changes could not be expected in so young a patient, reminded Dr. Fisch of some work done by a pathologist of Prague. He had, in deaths following acute infections, demonstrated that in the majority of these cases of severe infection there was a general inflammation of the media, all the arteries, nearly, being affected, and the lesion being limited, usually, to the media, suggesting what had been termed in the literature as infantile or juvenile arteriosclerosis. The explanation of these cases was wrong, because the condition really had its starting point in the intima. It had been observed that in severe cases these little lesions might lead to an inflammation, or even a perforation. All the arterial vessels to about the size of the arteries in one's finger were affected, and in almost every case of infectious fevers these lesions could be demonstrated and might account for many cases of sudden death.

Dr. Homan wished Dr. Fisch would state whether there was not something more in the mechanism of this death than the pressure around the heart.

Dr. Rassieur reported a case that he thought would throw some light on this one. He had seen the patient about six years ago. The patient had been stabbed in the third interspace, about 1 cm. to the left of the sternum. No doubt the internal mammary artery had been cut. There was much blood in the pleural cavity and his condition was extremely bad. It was not a case for operation. He had ordered saline subcutaneously, and had thought the man would die, but the next day the patient was in fine condition. It then seemed probable that the blood in the pleural cavity would be absorbed, but after a few days he began to get a temperature. When the pleural cavity was opened the blood spurted out from the force of respiration. After twenty-seven days the patient died of septicemia. The blood was found clotted in the pericardium. In the upper part of the heart, penetrating the left ventricle, was a knife cut. Probably at each systole the heart muscle contracted and very little blood escaped. During diastole the mitral valve flap covered the opening into the left ventricle. Thus very little blood escaped from the heart and the patient would have recovered from his heart trauma without operation had not septicemia intervened.

Dr. Behrens said that one must take into consideration that this was not a normal heart, neither was the infected heart a normal heart. The heart Dr. Rassieur spoke of was no doubt capable of doing a great deal of work under stress.

Dr. Freund, in closing, said that as he understood it an aneurism was an abnormal dilatation of the artery, therefore he did not see how this could be anything but an aneurism. Another thing this specimen brought out, and that was the subject of heart disease as it was written on the burial permit. In the last two years he had seen many cases in which the man was reported to have died of heart disease, such as hemorrhage of the brain rupture of an aneurism, etc. They evidently never had in mind what the condition of the heart was. It was very interesting to go to the postmortem table and see what conditions were present in those cases in which the burial permit stated that the condition was heart disease.

Dr. Behrens thought not much dependence could be placed on newspaper reports. He remembered seeing one report in which, the patient having received an injury to the omentum, the reporter had headed the article "Lost His Momentum."

Dr. Rassieur could not quite see what point Dr. Freund was trying to bring out.

Dr. Freund thought that if a man died of heart disease it might be said that he died of a mitral insufficiency, or a dilatation, or a rupture of a valve, for instance. In reality it was all set down to "heart failure."

Dr. Homan had come to the conclusion that the reporter did not follow the official record, but put down his own version of the condition.

It has developed that the secret of Jap surgery is due to his persistent use of hot water rather than to any bona fide skill.

Pan-American Medical Congress.—The fifth Pan-American Medical Congress will be held at Guatemala on Aug. 5-10, 1908. The secretary is Dr. Ramon Guiteras, 75 West 55th street, New York.

The application of elastic bandages to the limbs to cut off their blood supply, will increase the amount of blood going to the vital centers and, therefore, is very beneficial to patients who have to be operated upon in a condition of shock.—Amer. Jour. of Surg.

Diagnosis of Tuberculosis Meningitis.—G. Canby Robinson (International Clinics) considers that it is fair to say when clear, slightly opalescent lumbar puncture fluid, in which a veil-like clot forms in a few hours, is obtained comparatively early in the disease in a case with meningeal symptoms, that in all probability the patient is suffering with tuberculous meningitis. The finding of tubercle bacilli is the sure and final test.

New Etiology of Alveolar Pyorrhea.—We clip the following from the St. Louis Globe Democrat for Feb. 2th: "The St. Louis Osteopathic Society at the semi-monthly meeting held in the Missouri Trust Building last night listened to a paper on "Alveolar Pyorrhea," read by Dr. O. S. Miller. He contended that the malady was the outgrowth of a strained or misplaced vertebra. Over 70 per cent of persons being treated by dentists have this disease, he said."

Remedy for the Day After.—A way of avoiding the headache which usually goes with the consumption of champagne has been found. Many who used to eschew the pleasures of the sparkling wine now drink it without difficulty and without fear of bad results. They have adopted an English custom and drink apollinaris with the wine. The mineral water contains a little bicarbonate of soda, and this, with its other properties, gives it power to relieve acidity of the stomach. A full glass of carabana after the feast is also efficient.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

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EDITORIAL

A Step Toward a Millenium.

Did it ever occur to you that half the misery of this world is purely imaginary? That an elimination of fault-finding from one's self and from those with whom one comes in contact would make this world a near approach to what idealists picture heaven to be? Well, listen. The Order of Peace and Good Will has been inaugurated. This order is fathered by Charles F. Dole, of Chicago, who states that it is open to all persons, but especially to men and women who have passed the age of military service. The method of joining is to memorize the obligation and to make a strenuous effort to live up to it. There are no dues and no initiation is required.; occasional lapse is not unexpected, but does not carry with it expulsion from the order; it rather calls for renewed energy that the accident may happen with decreasing frequency. The obligation reads:

"We agree to deny ourselves, so far as possible, every expression of complaint, fault-finding, resentment, or bitterness. If we are fractious we will not show it. We will not complain at our circumstances, however meager, uncomfortable, or lonely they may be. We will not complain at the weather, or the state of our health. We will not answer back with anger, as much as by look, even if we think ourselves treated with disrespect or injustice. We will bear it if we receive less of love, honor, or attention than we deserve. We will not stretch out our hands to demand more than we get.

"We will deny oursevles the privilege to punish or censure others, though they deserve punishment. We will not denounce any one. We will give up the use of blame, even against the blameworthy. We will not combat other people's opinions or try to

argue them down. If we can say nothing good of a neighbor, we will say nothing at all. We will make no one unhappy if we can help it. We will not try to detect evil, or to attack it, or to utter it. We will have the least possible to do with it. We will henceforth turn our forces in the direction of good. We will discover all the good there is in our conditions and our circumstances. We will count up the full value of the assets that belong to us, every item of good health that remains, all beautiful scenery, all memories of sunny days, all our comforts, every loyal friend.

"We will find out and appreciate whatever good there is in our friends, our neighbors, and our attendants. We will try to understand their opinions, their politics, and their religion. We will say kind words to them whenever we can. We will tell them, if they care to hear, what our best thought is. We will be good natured if they do not agree with us.

"We must sometimes, doubtless, speak out and say what we think! We cannot let evil be confounded with good. We cannot stand by and see injustice done. We will speak then, if we must, to some purpose and do good when we speak. We will speak for the sake of others, and never because we are hurt. We will never say disagreeable things for the satisfaction of saying them.

"We will assure ourselves that our temper is good, before we say what will pain our neighbor to hear; otherwise we will not dare to speak. We will use the voice and tone of sympathy, or if our voice is harsh, we will wait till we can recover its tone. We will approach our neighbor with good will, or we will let him alone. We will repeat to ourselves certain good words, 'Thy kingdom come: Thy will (that is, the good will) be done;" and, if we cannot say these words in good faith, we will not dare to condemn any one else.

'This is the Order of Peace and Good-Will. We aim to make the least possible trouble; we aim to give no one needless pain; we aim to stop strife; we aim to overcome evil with good. We see no other way to kill evil. We are here to make the world happy."

This would be a fine thing, doctor, to bring to the attention of your patients. And it wouldn't hurt yourself to try it on for a time just to find out what a dyed-in-the-wool fault-finder you have grown to be. We understand that medical editors are not admitted, as their lines are placed among such provocations as to make any man undertaking the work a natural grouch and a fault-finder beyond reformation. Nevertheless we feel indebted to Maxwell's Talisman for having called our attention to so beneficent an organization.

Once a Criminal Always a Criminal.

We once knew a man who was accused and convicted of having committed a crime; the circumstantial facts were mostly against him, though there were facts in the case which made even the prosecuting attorney later say that he felt a doubt about it. Nevertheless he was adjudged guilty and a punishment which the government thought justified by the crime and its penalty was meted out to him. He was an exemplary prisoner and gained all possible reductions of time for good behavior, when he left prison not an official in the institution doubted his being an honest man. But in this land of ours a man's punishment does not end with his liberation, it really begins there. So this man found it; he is still being punished by those among whom he lives. This is a busy world and there be few who have time to look into the justice of charges or possible extenuating circumstances; we accept the dictum that "once a criminal always a criminal," and in many cases we fail to give men a fair chance. This charge can probably be brought with less justice against the medical profession than to any other people. The physician knows the proneness to humankind to fall, and while a doctor may truly "love his friends and hate his enemies," yet, as a rule, he is ready to give a helping hand to the man who is trying to live on the square, and to uplift those who show they wish to rise. Still, even in our own circle there are many who cannot forget a wrong and cannot believe in reformation even from slight errors. This is evidenced in the way that society members will trot out minor ethical offences, committed ten and fifteen and more years past, as reasons why men should not be admitted to membership. A man who has lived along with you in your neighborhood, and has done nothing that you can kick about for the past year must be a pretty good fellow and deserving of your fellowship. The way medical societies are organized these days it is a very simple thing to expel a man who does not properly conduct himself; and the way to make men ethically clean is not found in exclusion tactics. Any man will be better in the society than out of it, and his admission may act to make him a most desirable member of the medical community. To brand a man as unethical or undesirable for something long past, or comparatively incon-

sequential is as unlike the general spirit which characterizes the medical profession in their attitude toward things outside their own body as can be imagined. The supposition is that you want every man to walk the medical "straight and narrow;" how do you expect him to ever get into it if you keep crowding him out?

Death of Dr. Robert Luedeking.

Dr. Robert Luedeking, dean of the medical faculty and professor of clinical medicines and diseases of children at the Washington University, died February 29th at the Jewish Hospital of tumor of the kidney. Dr. Luedeking had been in failing health since his return from Europe with Adolphus Busch, several months ago. After his removal to the hospital last Wednesday an exploratory operation was performed to determine the nature of his malady, but he died of exhaustion. The funeral was held Monday, March 2d.

Dr. Luedeking was born in St. Louis, November 6, 1853, the son of Carl and Elsie Luedeking. Carl Luedeking was a philosopher and educator and studied to become a Lutheran minister; he lived at the time of his son's birth on Broadway near Market street. For some time Dr. Robert Luedeking lived at No. 311 Elm street, then a fine neighborhood; later he lived for many years at 1837 Lafayette avenue, and after his return from Europe he moved to the Marquette Hotel, to be near his duties at the University Medical School, Locust and Eighteenth streets.

Dr. Luedeking was educated in the public schools of St. Louis, and after graduating from the High School in 1871 he departed for Europe to continue his studies. With him when he sailed in 1872 was the late Dr. A. C. Bernays.

He spent two years at Heidelberg and continued his medical work at Strassburg, receiving his medical degree there in 1877. After graduating from Strassburg he went to Vienna for a time, and since his return to St. Louis in 1878 he has returned to the old country many times to continue studies in which he was interested. It was while at Heidelberg as a young man that he wrote the first of the treatises for which he became noted.

This work was in German and entitled "Researches on the Regeneration of Unstriped Muscle Fiber." While he was a man of profound scientific learning, he never cast aside his manner of joviality and was ever a hale fellow well met. During his stay at the German universities he made a name as an athlete, and was coxswain on the American boat crew on the Necker River which beat the English team.

Upon his return from Strassburg, Dr. Luedeking was dispensary physician from 1877 to 1879. During the fall and winter of 1879 he and his assistants did heroic work with the many yellow fever cases, and in the summer attended hundreds of sunstroke cases. After retiring from dispensary physician he

J. A. O'C.

DR. ROBERT LUEDEKING.

was secretary of the Board of Health for four years, and at odd times in the years 1880, 1881 and 1882 he was acting superintendent of the St. Louis City Hospital and Female Hospital.

Dr. Luedeking was a lecturer at the St. Louis Medical College at Seventh and Walnut streets, which was merged with the Missouri Medical College, and later became the medical department of Washington University, making a continuous service of thirty years. In the years after 1882 he was lecturer on pathological anatomy, professor of diseases of children and chief of the clinic for children's diseases at the O'Fallon Dispensary,

which was also a branch of the Washington University.

In 1902 Dr. Luedeking was made dean of the medical faculty of the university, and at his death he held that title in addition to one given him in 1905—professor of clinical medicines and diseases of children.

Dr. Luedeking was a member of the staffs of St. Luke's and the Jewish hospitals, Betheseda Foundling Home, and was an examiner for life insurance companies. For three years he was editor of the St. Louis Medical Review, and at all times he was engaged in writing scientific papers. Among these were: "Pathology of Pneumonia," "Etiology of Gastric Carcinoma," "Heredity in Pathogenesis," "Cellular Agency in Disease," "Notes on Diabetic Coma," "Perforative Inflammation of the Diverticulum," concerning antistreptococcic serum, and the "Present Status of Serum Therapy."

Dr. Luedeking was married in 1879 to Miss Elsie Biebinger, daughter of the late F. W. Biebinger, president of the Fourth National Bank. One child, Ernest, died in 1888. The others are: Mrs. Trescott F. Chaplin and Miss Tolie Luedeking, who is away at school at Millbrook, N. Y. A brother, Charles Luedeking, a chemist, resides at Ferguson.

He was family physician for a great number of the wealthy South Side German families, notably that of Adolphus Busch. His journeys over the country and to Europe with Mr. Busch were numerous. It was after the latest of these trips that he was taken ill. He continued practicing, however, and attending his university duties, but became exhausted.

A memorial meeting of the St. Louis Medical Society to which the profession generally was invited, was held at the Auditorium on Sunday afternoon, March 1st. Dr. W. B. Outten spoke of the great loss to the profession and community, and urged a memorial in the form of a tablet on our wall, which should tell future generations of physicians of a great and good man. Dr. Geo. Homan spoke on the civic service of Dr. Luedeking, his remarks were as follows:

Mr. President:

It was my fortune to know Dr. Luedeking from the beginning of his career as a physician in St. Louis, as it chanced that we both at the same time served as officials of the Health Department, in different divisions, however, he as clerk of the Board of Health, and to which possition he brought an intelligence and ability unknown to it before. He came to that office fresh from the medical training he had received abroad, and introduced scientific methods, order and accuracy into the keeping of morbidity and mortality statistics that were theretofore unheard of.

His work in this respect was of the very best in its practical efficiency, and the same intelligent mastery of and dealing with other problems arising in official life was observed at his hands.

Later as a colleague with him in the faculty of the St. Louis Medical College his success as a medical teacher was witnessed in full confirmation of all that had been expected in that direction—his abilities as a clinician and diagnostician were of an undoubtedly high order, and his elevation to the deanship of the two merged colleges followed, and the wisdom of the action found it justification in the high order of executive ability therein displayed.

Not the least meritorious of the many positions of honor and importance he filled with credit was that of chairman of the joint Medical Council formed in March, 1905, and which was the first effort ever made locally to unite in harmonious action for high public purposes the different branches of the medical profession in St. Louis, and to him is due very much of what has been achieved in this respect.

As a profession we are made poorer by the unexpected loss of one who seemed a short while ago to have many useful years before him to be devoted with faithful diligence to the advancement of all that is just and true and scientific in medicine, and the place made vacant will not soon be filled in its entirety by one so full and rounded in all the qualities that make up the man as was Dr. Robert Luedeking.

Dr. G. Baumgarten spoke of the doctor's work in the University as a member of its faculty. Dr. Jos. Grindon gave a very complete outline of the chief events in Dr. Luedeking's eventful life, and Dr. Henry Swartz spoke of his student life abroad.

A committee, Drs. G. Baumgarten, W. E. Fischel and A. Alt, was appointed to draft suitable resolutions to Dr. Luedeking's memory.

The funeral occurred on Tuesday, March 2d. It was conducted by Washington University, the faculty and directors being honorary pall-bearers and members of the student body serving as active pall-bearers. The final services were held at the Missouri Crematorium.

Some observers think it best not to put the baby to the breast for four hours after the mother has been administered chloroform.

Medical Society of the Missouri Valley.

THIS progressive society holds its spring meeting in Lincoln, on Thursday and Friday, March 19 and 20, and from present indications will be a record breaker in attendance as well as in its scientific interest. This is one of the largest district societies, as well as one of the best, its membership not being confined strictly to the "Missouri Valley," but embracing men of prominence in many of the Eastern States. The characteristic features of this body are work, scientific attainment, and fraternalism, and an eastern

DR. W. F. MILROY, Omaha. Neb.
President Medical Society of the Missouri Valley.

physician was heard to remark recently, during one of the Missouri Valley annual excursions to the meeting of the American Medical Association, that "these western people certainly know how to entertain their guests who attend their meetings." Among those who will be the guests at this meeting may be mentioned Drs. B. W. Sippy, L. Harrison Mettler, J. R. Pennington, Albert P. Bouffleur, of Chicago; Dr. W. L. Bierring, President of the Iowa State Medical Society, and others. The program just issued by the secretary shows a veritable feast, comprising twenty-four excellent papers on a variety of subjects, fourteen of them dealing with medical topics—an unusually large proportion in favor of the internist. Our advice to our readers is to attend this meeting, and hear the character of the papers which are presented before this excellent body of workers in the field of science. Headquarters and meeting place, Lincoln Hotel, where rooms should be reserved.

ILLNESS OF DR. ORR.—Dr. Chas. J. Orr, some time treasurer and now a member of the Council of the St. Louis Medical Society, has been for some weeks critically ill, and latest reports have it that recovery is practically an impossibility.

DR. R. B. H. GRADWOHL met with a trying, though not serious, accident on March 1st. He was thrown from his carriage and dragged by his frightened horse for some distance. Though somewhat disfigured and temporarily disabled he is to be congratulated in coming out so well.

BARNES MEDICAL COLLEGE was taken over by the State University on February 22d. Formal services were held here, after which a considerable delegation of faculty, students and friends made their way by special train to Columbia, where the transaction was completed and the event properly celebrated. The work of the school during the remainder of this school year will be continued by the present faculty assisted by professors from Columbia, who will give special courses and oversee work being done. The fall session will be entirely under the control of a faculty to be selected by the curators of the university.

A SPECIAL MEETING OF THE ST. LOUIS SOCIETY.—The St. Louis Society has its programs arranged to make the fifth Saturday of any month having so many a special or social meeting, and the plan is working to the advantage of the society. On February 29th the members were the guests of President Tuholske, on whose invitation Prof. C. C. Guthrie of the department of Physiology in Washington University Medical School, read a most instructive paper on "Some Practical Aspects of the Physiology of the Circulation," bringing out the possibility of re-establishment of heart action after a period of suspension which would otherwise have been permanent. The points of the paper were demonstrated by the professor, who was assisted in his physiologic experiments by members of the sophomore class at the school. At the close of the scientific program refreshments were served by the ladies of the society and wives of the councilors under the direction of Dr. Frances L. Bishop, after which cigars and social intercourse completed a most enjoyable evening. The society is entirely converted to the definite worth of such evenings as this and feels a debt of appreciation to its president for his hospitality on this occasion.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

OPHTHALMOLOGY.

W. E. FISCHER, M. D.

On the Transmissibility of Trachoma from Man to Monkeys.—P. Bajardi, La Clinica Oculistica, viii, 1907.)—Trachoma has long been considered a contagious disease, but so far the germ which causes the disease has eluded the most careful observers. Rahelmann after careful and extended experiments, asserts that there are always bacteria in trachomatous secretions which are most active at the temperature of the body; furthermore movable and active protoplasmic particles have been observed. In addition to those mentioned the microscope reveals small spherical bodies of a yellow or gray color. The real agent of contagion still remains in obscurity. The dictum that monkeys are immune to trachoma has been disproved by Hess and Romer who proved that the disease might be communicated to these animals by inoculation or rubbing their conjunctiva with affected conjunctiva of man. The pathologic process of the conjunctiva possesses the characteristics of trachoma in man. Since apes are liable to the disease it will probably not be long before the true germ will be isolated and a rational form of treatment instituted.

Stasis Hyperemia in Ophthalmology; the Therapy of Ulcus Corneae Serpens.—Robert Hesse (Annals of Ophthalmology, July, 1907) treats ulcus serpens by means of suction applied directly to the eyeball, even if perforation threatens. The glass bells employed in the treatment were flat on top to admit a better view of the eye under treatment. The patients were treated twice daily for a period of five to ten minutes a sitting in the beginning. Later the time of the application was prolonged to one-half hour with a ten minute intermission. The applications were made with the eye open that the suction affected the eyeball directly. Cases with threatening perforation were treated with slight rarefaction of air only. One striking feature about the treatment is its comparative painlessness and the immediate remission of pain which had in some cases caused the patient sleepless nights. The treatment commends itself on account of the delicateness of the resulting scar which offers less obstruction to vision. The author quotes his 23 cases, 18 of which were distinctly benefited. The cornea seems to regenerate more uniformly by means of suction. We have now a valuable addition to the better-known remedies in this new therapeutic measure.

The Pathology and Therapeutics of Simple Chronic Conjunctivitis.—(H. Sattler, Klin. Monatsbl. f Augenheilkunde, Dec., 1907.)—The various anatomic and histologic alteration of the tissues are enumerated. A more accurate knowledge for the etiology of the disease is recommended to admit of a rational treatment. The diplobacillus of Morax-Axenfeld should not be overlooked in this connection. Blenorrhea of the lacrimal sac is usually accompanied by a chronic conjunctivitis which is also true of seborrhea and eczema of the lid margins. Thermal, mechanical, and chemical agents play no unimportant role in causing this affection. In some instances removal of the exciting cause and the employment of a mild lotion suffices to affect a cure. The use of strong solutions of metallic salts is interdicted, especially nitrate of silver; 3 to 5 per cent strength solutions of protargol give satisfactory results. If the secretion be very slight, or the diplobacillus of Morax-Axenfeld can be detected zinc sulphate is a sovereign remedy; this salt in 0.2 per cent strength solutions meets with the essayist's approval. The collyrium astringens luteum of the Austrian pharmacopeia diluted with two or three times its volume of water proves an efficient remedy in some cases. If the foreign body sensation under the upper lids becomes very annoying a one-fourth per cent strength solution or a 1 per cent strength alypin solution may be used. Ichthyol in 1½ per cent strength ointment with the addition of a trace of zinc sulphate make a useful ointment. Applications with the alum stick after the conjunctiva has been anesthetised is beneficial. Copper sulphate should be avoided under all circumstances.

Two Cases of Recurrent Conjunctivitis Produced in One by the Horse, in the Other by the Cat.—(S. D. Risley, Annals of Ophthalmology, July, 1907.)—Two cases are cited: One, a young lady aged 25, who complains of uncontrollable sneezing, stuffed nostrils and profuse lacrymation as soon as she is in the near vicinity of horses. There is an intense injection of the conjunctiva which persists several hours after a few minutes exposure to horses. The other, aged 17, was unable to fondle a cat for five or six years on account of the violent injection of the conjunctiva, the profuse lacrymation and a secondary involvement of the nostrils. This susceptibility eventually disappeared without treatment. Quite a number of these peculiar cases have been published. Recently a sim

ilar case has been reported. The patient was a gentleman who suffered from severe symptoms of acute conjunctivitis if he came into the proximity of a dog.

SURGERY.

X-Ray Carcinoma.—With Roentgen's discovery came the hope that many of the distressing and destructive diseases to which mortal man are subject, could be cured by means of this apparently harmless agent. The first published account of the injurious effects of the X-ray was a paper by Marcuse, in 1896, although we did not appreciate fully the great danger of all persistent X-ray ulcerations until Sick in 1903, reported a case in which the ulcer developed into a carcinomatous process, necessitating amputation at the shoulder joint. Many of us are familiar with the frequency with which destructive lesions follow more or less constant exposures to the rays. Very recently Porter and White (A. of S., 1907, 46, 649) reported two cases and collected ten similar cases from the current literature, in which carcinoma followed chronic X-ray dermatitis. In many of the cases collected by them, amputation failed to stay the progress of the disease. In one of the cases reported by Porter and White the patient was a young man who first began X-ray work with a large static machine; after October of the same year a powerful twelve-inch coil was used. Exposure lasted for several hours each day, at a very short distance from a low vacuum tube. About the middle of November his hands became red and dry, and in a few days very painful and swollen. During the following ten years the patient was operated on twenty-five times under ether. On April 25, 1907, the condition of the hands was as follows: On the left hand, the thumb is sound and serviceable; the forefinger is stiff, but shows no lesions; the third and fourth fingers have been amputated; the little finger lacks a terminal phalanx, and on the back of the hand there are a few keratoses, but no ulcerations. The right hand presents similar changes; the forefinger is flexed and presents an ulceration over its middle which is undoubedly malignant; the middle finger is stiff; the fourth finger is missing, as is also the end of the fifth; the base of the thumb is the site of a small ulcer. Porter says: "During my long experience with the first case I have learned many things about skin grafting, and now have no hesitancy in recommending it, as the best treatment for all chronic X-ray lesions. The grafts are so cut and arranged that they do not overlap either the edge of the wound or each other." Porter and White draw the following conclusions: 1. For the atrophic condition of the skin and the telangiectoses nothing can be done. 2. Hypertrophic changes, keratoses and warts may with safety be treated in the usual manner. If such treatment fails, excision with or without skin grafting, will probably relieve the pain and result in a cure. 3. Excision and grafting will prove to be the best treatment for recurrent fissures. 4. All ulcerations, which, under ordinary treatment, remain open, after three months, should be thoroughly excised, and very carefully examined. The subsequent treatment depending upon the result of the microscopical examinations, should be skin grafting, further excision and grafting, or amputation. 5. As the history of almost all of these cases of severe and chronic dermatitis dates back to early exposures, with the protection which our present knowledge demands, it is to be hoped that the number of victims of too enthusiastic work in an untried field, will steadily diminish. 6. In the meantime, I have no hesitation in recommending the early excision of all persistent X-ray ulcerations, in order that subsequent malignant degeneration may be prevented. The reviewer considers this monograph a most valuable and instructive one. The reader will do well to consult the original.

Carcinoma of the Penis.—In a careful study of one hundred cases of penile carcinoma, Barney (A. of S., 1907, 46, 890) found that (1) the disease occurs most frequently during the fifth, sixth and seventh decades, (2) phimosis is pre-eminently the most important of its exciting causes, occurring in over 85 per cent of cases. Circumcision, therefore, cannot be too strongly advised, especially after middle life, in all cases where the prepuce can not be easily and completely retracted. Syphilis and trauma are to be considered next in importance from an etiological standpoint; (3) most cases seek relief during the first and second years of the disease, but it is not unusual to see cases of from five to fifteen years duration; (4) epithelioma is practically the only kind of cancer attacking the penis; (5) enlargement of the inguinal glands occurs in over 75 per cent of all cases. In 60 per cent these glands are cancerous. The rest show simple hyperplasia for septic absorption. Inguinal metastases cause death; (6) invasion of vital organs occurs in over 15 per cent of all cases; (7) recurrence takes place up to one year after operation in over 39 per cent of cases, up to two years in over 19 per cent, up to three years in over 16 per cent, up to four years in

over 6 per cent, and, most notable of all, it occurs over five years after operation in over 12 per cent of cases; (8) the mortality of primary cases is 29 per cent, of the recurrent cases 38.5 per cent; early amputation of the penis at the pubes with thorough dissection of the groins is the operation of choice. If taken in the earliest stages, however, amputation alone may effect a cure. The operations of splitting the scrotum and transplanting the urethra into the perineum, or of total emasculation, offers no hope of cure; (10) the length of life from time of onset in primary cases is $3\frac{1}{3}$ years, while in recurrent cases it is $8\frac{1}{4}$ years; (11) sexual power is not necessarily lost by amputation of the penis (12) melancholia seldom follows the loss of the organ. We do not fully agree with the convulsions drawn by Barney. For instance, the contention that emasculation offers no hope of cure is in our opinion erroneous. About two years ago Dr. H. G. Mudd operated on an apparently hopeless case of carcinoma of the penis; the emasculation was complete. Today the patient is in apparent good health. This patient was seen by the writer in the Surgical Department of the St. Louis Skin and Cancer Hospital. During the past two years there have been five cases of penile epithelimoa observed at the latter hospital. It is very important to remember the fact that penile carcinoma is not as rare as commonly believed, and that the abscess extends backwards in one of three ways: 1. By extension along the main lymphatic vessels in the subcutaneous tissue of the dorsum of the penis, and continuous with the primary growth. 2. Penetration of the erectile tissue by epithelial prolongations, forming continuous cancerous infiltrations of the blood spaces. 3. More rarely by the development of outlying foci, or secondary nodules of cancer in the erectile tissue, perhaps at some distance from the primary growth.

Radical Cure of Hydrocele.—Andrews has recently (A. of S., 1907, 46, 915) described a modification of Jaboulay's method of radical cure of hydrocele, which promises to supersede all others, owing to its ease, simplicity and satisfactory results. Jaboulay's technique consists in first bisecting the sac by a vertical incision along its anterior convex surface after isolating the whole mass from the dartos and lifting it outside the scrotal skin; the two flaps thus formed are then everted and brought together back to back behind the globus major and epididymis, so that the whole serous lining faces outward; the two everted flaps are sutured behind and all possibility of their reuniting into a closed sac is as actually prevented as if they had been excised. Andrews makes a vertical incision 2 cm. in length on the anterior border, beginning at the extreme upper end of the sac. The latter is emptied, and the opening enlarged by means of two fingers; the testis is pushed up into the opening and delivered. The entire sac is thus everted with the small button hole so closely surrounding the cord that it is scarcely visible. The quickness with which this can be done will be surprise anyone accustomed to the older methods. Sutures are rendered unnecessary by Andrews' technique and the operation can be done under local anesthesia. The skin is closed with clips without drainage. The technique is self-commendatory and is one that will receive its due consideration.

The Thoracic Duct.—Every surgeon of wide experience has at some time felt the need of a more thorough knowledge concerning the treatment of accidental injury of the thoracic duct. Very recently DeForest (A. of S., 1907, 46, 705) has reviewed the literature of the subject and demonstrated the fact that injury of the duct is not the grave accident as commonly contended. He presents the following conclusions: 1. The thoracic duct probably has collateral branches always, which are able, in case of accident, to perform the function of the main duct. Further anatomical investigations concerning this are greatly to be desired. 2. The sudden closure of the duct in man has had as its result only transitory disturbance in the nutrition of the body. 3. Chylorrhea occurring after a wound of the duct, must, if possible, be immediately controlled. 4. The wounded thoracic duct may be treated precisely as we would treat a wounded blood vessel. 5. Suture is the ideal method. If it is technically possible, its use is to be preferred, since the duct then remains patent. 6. In all cases in which suture can not be performed, and ligature should be applied. If ligature is technically impossible then in order of value, suture of the tissue (umstechung), application of clamps, and in emergency, as a last resort, tamponading should be applied. In thirteen collected cases a tamponade was used; in six the flow was controlled at once. In one case the wound was dressed upon the sixth day, and then for the first time a collection of milky fluid was observed. In twelve of the cases in which a tamponade was used the chylorrhea ceased after a variable time (from five days to five weeks). In nine cases a ligature was used and was sucessful in eight, while in one instance it failed.

OTOLOGY.

A. F. KOETTER, M. D.

Primary Lesions of the Nasal Septum.— (Compilation from Interationales Centralblatt fuer Ohrenheilkunde, S. Pusateri, Turin.)— According to Le Bart, Arslau, Chapino, Brunow, Block, Leudziak, Vignolo, Lutati, the nasal opening and the anterior portion of the nasal mucous membrane is rarely the seat of an extragenital primary lesion. Calamida in 1903 collected 58 cases of primary lesion of the nasal mucous membrane. Since then I have collected five more (Calamida, Brunow, LaRosa, Gaudiere, Boisseau, Minassian).

The first case, a woman of 36, nursing a new born child, which already twelve days after birth showed characteristic roseola, papules and suspicious ulceration, on the basis of which the syphilographer made a probable diagnosis of hereditary syphilis. The patient complained of headache, especially at night, blocking of the nose and slight bleeding from the right nostril, in which was found a tumor the size of a pea. It was located on the anterior inferior part of the septum, had short stem and was covered with bloody, fibrinous pus exudate and bled at the slightest touch. In front of this, divided by a deep furrow, alinear, slightly ulcerated elevation was found. No other syphilitic manifestations, either of the skin or the glands, was present. Thirteen days after there was found at the place of the linear ulcerated elevation a distinct hypertrophic copper colored scar, and on the inner surface of the thigh the characteristic roseola and groups of papules on the back, in front on the legs, but no infiltration of the submaxillary glands. An enlarged gland projected over the surface of the large, right cornu of the hyoid bone. The swelling on the lower portion of the nasal septum lead the author to the diagnosis of syphilis. The patient, of her accord, had treated the child by the mercury inunction method. It is therefore probable that the transmission of the syphilitic poison to the body of the nursing patient through an excoriation on some part of the nasal septum, where frequently small injuries occur by means of the finger nails. The presence of the granulation was accidental, as explained by Calamida.

The case of Brunow concerns a child of 7, that had the bad habit of inserting foreign bodies into the nose. The primary lesion developed on the inferior turbinate. The submaxillary and hyoid glands appeared enlarged.

The case of La Rosa concerned a man of 18, in the left nostril on the septum a broad based, hard swelling, the size of a pea, covered in almost its entire surface with a slight ulcerated mucous membrane. In the submaxillary region on the left side was found a swelling, size of hen's egg, smooth surface, hard, elastic consistency, indolent and freely movable in all directions. There existed a diffuse roseala. The first symptoms were noticed forty days ago, the diagnosis of secondary syphilis was made.

The primary lesion reported by Gaudier and Boisseau was located in the vestibuli of the left nostril. It consisted of a swelling with smooth edges and base, covering the inner side of the nasal opening and septum without encroaching the septum outwardly. The ali nosi was reddened and plainly indurated. The submaxillary glands were swollen on the left side and epiphora was present. The affection, according to the patient, had commenced three weeks previous, but it must have existed longer as a general exanthema was present at the same time.

Minassian in thirty cases of extragenial syphiloma found two of the nose. The first of these cases was a man of 33, the primary lesion was at the transition of the skin to the mucous membrane, and was cartilage mass consistency. A central crust covered the ulcerated surface. There were present indolent submaxillary glandular swelling, roseola and plaques, In the second case the point of the nose and not the inner nose was involved. There were two knots, the size of a millet seed, one on the tip of the nose, the other on the skin of the upper lip. Besides this roseola and mucous membrane plaques. The mother, affected with mouth plaques, had for cleansing purposes covered the impetigenous places of the infant with her saliva. The reason of the rarity of the primary lesion in the nose is due to the fact that the mucous membrane, because of its location is less exposed to external influences than the other parts of the organism.

The most frequent seat is the septum, perhaps because it is most easily reached with the finger. Of the various forms in which it occurs as a primary lesion in the nose (erosive, crustaceous and neoplastic), the latter is characterized by a broad based, ulcerated tumor with few smooth fungous margins of cartilaginous hardness and surrounded by reddened, swollen mucous membrane. Very often there may be found on the same side as the nose infection a submaxillary gland of increased volume, hard, indolent and sometimes when secondary infection of the nose is added, of pasty consistency and painful. The case author reported belongs to the neoplastic form. But it presented

itself so atypical that the diagnosis was difficult without the aid of the microscope. The case was a woman of 26, who came to the ear clinic at Turin, complaining of difficulty in breathing through right nostril for about fifty days. The microscopic examination revealed a half round almond-shaped swelling on the right septum, broad base and covered with smooth hyperemic mucous membrane of fleshy consistency. On the identical side in the submaxillary region a hard, enlarged indolent gland was found The clinical diagnosis fluctuated between sarcoma and gumma. The tumor was removed in its entirety fixed in alcohol, stained and proved to be granulation tissues. In treatment with silver nitrate numerous Schaudinn's spirochetae were found in the specimen down in deepest layer of pavement epithelium and penetrates through the walls of the blood vessel into their lumen. On the basis of the microscopic findinge the diagnosis of primary lesion of the nose was made which was verified by the clinical course. Seventy-five days after the beginning of the affection a maculo-papular exanthema appeared diffusely over the whole body.

The pathologic anatomic observations have given us the possibility to recognize a primary lesion before the diagnosis is clinched by the roseola. Without this support it would be as it was with Lermoyez in a case. In spite of the histological examination of a section removed, the diagnosis of syphilis could only be made on the appearance of the roseola. In this case he had to deal with an ulcerating tumor.

The value of pathologic-anatomic examination must be emphasized, especially when as in one case uncommon location, symptoms and the improbability of a syphilitic infection mislead the physician.

We are able to make an early diagnosis, and we can inaugurate a treatment on a modern basis without awaiting the appearnce of the secondary symptoms, thereby preventing erly organic destruction, especially when instead of dealing with primary lesion which will disappear, we are dealing with the delayed form whose characteristic is the rapid destruction of the organ involved.

Asthma Papers.—A good asthma paper (Critic and Guide) is prepared by dissolving one ounce of potassium nitrate in five ounces of water, dipping strips of filter paper in this solution, allowing the strips to dry, then dipping them in tincture of belladonna, allowing to dry ready for use.

WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Seventeenth Annual Meeting, held in St. Louis, December 30-31, 1907.

(Continued from page 111.)

Anesthesia Fatalities in Iowa.

Dr. L. W. Littig, Iowa City, Iowa, sent a circular to 3,500 physicians practicing in Iowa. Eight hundred replies were received many of them containing information which led to reports of fatalities by men who did not reply to his first letter. He rejected reported chloroform fatalities occurring from two to four days after anesthesia, because he does not think it is possible to secure anything like reliable data in this class of cases; rejected either fatalities occurring at the close of long and difficult operations and excluded cases in which he thinks that the operation itself is of sufficient magnitude to cause death on the operating table or soon thereafter; obstetric fatalities in which placenta praevia or severe hemorrhage complicates delivery; excluded cases in which pneumonia or other lung complications follow gall bladder or other abdominal work.

The report contains 63 chloroform fatalities. Of these 63 fatalities, 10 occurred in dental practice. One fatality was due to choking during anesthesia. There were 5 fatalities in confinement in which chloroform was used, and in which the reporters blamed the chloroform. There was one confinement fatality in which ether was used, and in which the reporter blamed the ether. There was one late chloroform fatality, with jaundice.

The author concludes that: 1. Chloroform is vastly more dangerous than ether, especially in minor work and at the beginning of administration. The chloroform-ether sequence is especially bad. 2. In the class of work mentioned, chloroform is so much more dangerous than ether that its use should be most emphatically condemned, and (quoting H. C. Wood, writing sixteen years ago or earlier) "the surgeon is not justified in using chloroform, except under certain circumstances and for very definite reasons." 3. Chloroform is especially dangerous in dental work and should not be used. 4. Chloroform is not free from danger in obstetric practice.

DISCUSSION.

Dr. D. C. Brockman, Ottumwa, Iowa, said the paper showed clearly that chloroform is a much more dangerous anesthetic than ether, and that there is very little advantage in using it, except in special cases. There are

circumstances then chloroform should be used. Chloroform is particularly dangerous to give to hard drinkers, who are recovering from a debauch. Another anesthetic that is dangerous is the combination of morphin-hyoscin-cactin. Dr. Brockman said that many country doctors are carrying tablets of hyoscin-morphin-cactin for use when patients need morphin. Instead of using morphin and atropin, they use this compound which is dangerous, and which should be used with the utmost care.

Dr. Henry T. Byford, Chicago, said that those who have seen fatalities from anesthetics will agree that the difference between ether and chloroform is that one kills quickly and the other does not. Ether is more liable to produce nausea during anesthesia and to cause aspiration pneumonia and bronchorrhea than chloroform. Dr. Charles S. James, Centerville, Iowa, said there is an important factor in connection with anesthesia other than the variation between the results of ether and chloroform anesthia, namely, the personal factor of the administrator. The difference in safety between chloroform anesthesia and ether anesthesia lies in the wider range of safety between the anesthetic dose and the lethal dose. In a considerable percentage of the deaths that occur from anesthetics, it will be found that the anesthetics have been given by inexperienced anesthetists. The personal equation in the administration of anesthetics should be considered.

Dr. B. B. Davis, Omaha, said there is one element in connection with deaths from chloroform that has appealed to him, and that is that an anesthetic is administered to many patients for some trivial condition. A very large proportion of them have indulged in rather active exercise just before taking the anesthetic, and he is under the impression that many deaths can be avoided by letting patients rest a few minutes before the anesthetic is given. This is certainly one element of risk in administering chloroform, and usually chloroform is given in this particular class of cases rather than ether. A great many surgeons give chloroform to a patient for a short operation. Personally, he has used ether almost exclusively for years.

Dr. Charles H. Mayo, Rochester, Minn., thinks that chloroform produces less sickness after its administration than ether, but he believes that one case of chloroform sickness is equally as bad as ten ether cases. It lasts about three days, and it is almost impossible to stop it. Ether sickness can usually be stopped by washing out the stomach. He is convinced that too little attention is given to the education of medical students in regard to the use of anesthetics. Wherever possible, anesthetics should be given by skilled and experienced anesthetizers.

Dr. W. W. Grant, Denver, emphasized and endorsed the remarks of Dr. Mayo as to no teaching on the part of medical colleges with reference to anesthetics. No matter how long students have been in college, when they leave they are absolutely ignorant as to the method of giving anesthetics. Patients who have diseases of the bronchial tubes or air passages are not good subjects for ether. Arterioscleriotics and old alcoholics are not good patients to take ether, yet they are especially good subjects for chloroform. If he can select a skilled anesthetizer, he does not fear the administration of chloroform at an operation. He has always felt that there is more in the man who is giving the anesthetic than surgeons are prone to consider. If the anesthetizer knows how to give the anesthetic properly, then he knows how to discriminate and to give ether or chloroform, as the case demands.

Dr. J. R. Minahan, Green Bay, Wis., believes that almost any patient can be killed with two drams of an anesthetic like chloroform or with an equally large amount of ether, and the person who gives the anesthetic should remember that it is not the quantity of the anesthetic that is fatal, but it is the rapidity with which the patient takes it that causes a fatal termination.

Dr. James E. Moore, Minneapolis, said that 65 per cent of his surgical patients during the past twenty years have had chloroform as the anesthetic, and not one has died from it. It must be remembered, however, he said, that the anesthetic was given by an expert anesthetist. If inexpert people give anesthetics, then ether is the safer, because it takes more of it, and it takes a longer time to kill a patient, but it will do it just the same. In England one rarely sees a patient take ether. The same may be said of Germany, simply because in those two counties they know how to give chloroform In this country, where so much surgery is being done, we should insist on having skilled anesthetists.

Dr. Jabez N. Jackson, Kansas City, Mo., said that up to four years ago he favored the administration of chloroform as an anesthetic, and used it almost exclusively, from the fact that up to that time he had never seen ether administered properly, in a way that would command his confidence. Since he saw ether administerd in Deaver's clinic with the Esmarch inhaler by the open drop method, he used ether practically exclusively,

and he thinks that this anesthetic is used almost entirely by all the sugeons in Kansas City. Since using ether he has not seen a death from the anesthetic in three years, nor the slightest indication of trouble, either in his experience or in that of others.

Dr. F. A. Dunsmoor, Minneapolis, has a strong leaning toward chloroform, for the reason that it is more pleasant, quicker in action, produces less vomiting, and can be carried easily. People are prone to be careful about it. He also confessed that he has taken chloroform himself, but said no colleague can give him chloroform again, no matter who he is. The majority of patients who are killed by chloroform are killed by small amounts, and usually they are patients who come for small operations, such as the removal of tonsils. The idiosyncrasies of patients should be considered in giving anesthetics. He would discourage the use of chloroform. If a patient undergoes a prolonged operation, ether should be given; if used in the smallest amounts, it is a safe anesthetic.

Dr. M. L. Harris, Chicago, concurred in the conclusions reached by the essayist, but, he said, one can not take a patient to a hospital and always secure an expert anesthetist. The great preponderance of deaths is from chloroform, even in hospitals where professional anesthetists give the anesthetic. He has had three deaths from chloroform, and these deaths occurred before the patients were touched in a surgical way. The anesthetic was administered with the Esmarch apparatus. In two cases, it was the intention, as soon as the patient was asleep with chloroform, to change to ether. All three of the deaths occurred suddenly, long before he began to touch the patient, and in the hands of an expert anesthetizer. As to the Germans using chloroform and not having deaths from it, the collected investigations of the German Surgical Society undertaken a few years ago, and continued, year after year, unmistakably show the great preponderance of deaths from the use of chloroform over ether. It was supposed, at one time, that ether irritated the kidneys and was dangerous in kidney complications, while chloroform was not. The fact is that where the urine has been examined after chloroform anesthesia, a larger percentage of the cases show albuminuria after its administration than after the administration of ether.

Practice of Surgery.

Dr. Charles H. Oviatt, in his address, presented a few thoughts bearing on the practice of surgery that naturally come to one who has spent the most active years of his life in the work. No attempt was made to take up the history further than to show that previous to the year 1800 but few discoveries were made that marked any distinct advance. The evolution of surgery in the past century has kept pace with the development of science along other lines, wonderful as this has been. With the perfected technic of antisepsis and asepsis, it seems that the acme of surgical science has been reached; but in the light of discoveries it would be rash to attempt to place a limit to the future of surgery.

The ambitious medical student does not usually get far into his college work before he decidesto become a surgeon. This decision is brought about, largely through what he sees in surgical clinics and from his observation of the position held by the surgical leaders of the profession. Young men who elect to become surgeons should make sure that they possess the special apititude, and then be willing to devote a long period to preparation for the work. Attention was called to the fact that there is much that passes under the name of surgery being done by incompetent and ill-trained men. Some of it is honest and well intended, but much is for purely commercial ends. A spirit of graft has prevaded the profession that is undermining morals and ethics. A partial explanation for the existence of this condition is found in the fact that this is an age of commercialism. We are known to the world as a nation of dollar-chasers. This, and the overcrowding of the profession with men from inferior schools, is, in large part, responsible for fee-splitting and the commission evil. The existence of this class of medical colleges is less excusable when it is considered that the better schools rank with the best in the world, and that they are ample to afford instruction for all who should enter the profession. Enough well-prepared men of character are entering the field to insure the upholding of the lofty ideals that have characterized the profession in the past. We may, therefore, take a hopeful view of the future. Another aid in the elimination of the graft evil is comingfrom the people themselves. The public mind is especially active at this time in combating graft in all forms.

The moral standards set for professional men and men in public life are going to be higher in the future, and with the lime light of public opinion turned on the medical and surgical grafter the evil will cease to exist. Hand in hand with this reform it is hoped that a standard of qualification will be established for those who assume to do surgery.

Significance of Abdominal Tenderness in Locating Lesions of Viscera.

Dr. T. C. Witherspoon, Butte, Mont., referred to the physiology of the sensory nerves of the abdominal viscera, and discused the effect of lesions of the viscera in the production of pain. The somatic areas of brain referred from the viscera and their significance in diagnosis were pointed out; likewise the character of visceral pain. He spoke of disturbance of the sensory function of the somatic nerves, with coincident disturbance of vicseral function. Lastly, he called attention to those pains of central origin which are referred to the abdomen. Pott's disease, tabes and tumors in the spinal canal illustrate this class. Usually the subjective pain is not accompanied by tenderness, at least not of any acuteness.

Etiology of Epithelioma.

Dr. Arthur E. Hertzler, Kansas City, Mo., began with the hypothesis that the limitation of epithelial cell development is set by the chemical difference in the basement membrane and epithelial cells. Experiments prove that those chemicals which unite with (stain) connective tissue in vivo cause an atypical epithelial cell proliferation resembling closely a beginning epthelioma. The development of atypical cells is limited because the action of the chemical on the connective tissues is limited. This results in constancy for stains having these characteristics. It is negative for connective tissue stains which do not stain in vivo, or for unclear stains. In areas in which a typical cell proliferation has been brought about by such means, the fibers, after fixation, do not stain with the ordinary fibrous tissue stains, while the fibrous tissue in regions not so treated stains in the characteristic manner. Applying facts so deduced clinically, the general statement is ventured that epitheliomas occur in those regions were alkaline secretions ares permitted to come in contact with the fibrou tissue by irritation, thus producing the resistance of the connective tissue to the invasion of epithelial cells or to some change primarily in the connective tissue, e. g., prolonged exposure to leucocytes, as in chronic inflammation, or to some overstimulation of the epithelial cells. Either of these conditions will lead to a disturbance of chemical balance and permit the invasion of the epithelium.

Preparatory and Postoperative Treatment.

Dr. James E. Moore, Minneapolis, said that, as a rule, preparatory and postoperative treatment, aside from the sterilization of the operative field and the dressing of the wound, has more to do with the comfort of the patient than with his recovery, for emergency cases very commonly do well, and surgeons frequently perform successful operations away from home, and leave the after-treatment to a physician little skilled in the care of surgical cases. In all but exceptional cases, where some organ, the bladder, for example, has to be prepared for operative procedures, prolonged preparatory treatment is unnecessary and inadvisable. It is sufficient to have the average patient enter the hospital on the day preceding the operation. In weak patients, and where a very severe operation is to be performed, 1-30 grain of strychnia given just before operation is helpful. The operative field should be shaved, thoroughly disinfected, and a sterile dressing applied the evening before the operation. Every operating room should have an experienced anesthetist, because it adds to the patient's comfort and safety, and allows the surgeon to give his undivided attention to the operation. Most stitch abscesses are caused by tight sutures, and tight bandages are the cause of untold suffering. Thirst is the greatest source of suffering after operation, and in the management of this symptom many mistakes are made. His patients all get water after operation, and they convalesce much more comfortably than those who are deprived of it. All surgeons agree that the patient is better without food for a time after operation. To force feeding will surely disturb his stomach. Aside from opiates and mild cathartics, medicine has very little place in post operative treatment, only to meet definite indications.

In every case the question naturally arises, When shall the patient get out of bed? All agree that old people should get up at the very earliest period possible, for reasons well understood, but there is still a great diversity of opinion as to when a younger patient should get up. Every abdominal operation is of sufficient importance to justify a patient remaining in bed for from one to three weeks.

Appendix in Sac of Femoral Hernia.

Dr. Charles S. James, Centerville, Iowa, reported the case of a female, aged 77 years, who for four days had noticed a painful lump in the groin. She was in usual health previously, but had observed a small lump at this point for several years. Symptoms were negative, except that the pulse was 96, and temperature 102. There was a prominent brawny swelling, 3½ to 4 inches in diameter, indurated and semi-fluctuant, presenting the characteristic appearance of a suppurative gland over Poupart's ligament. There was no impulse. A diagnosis was

made of a local suppurative process, with probable femoral hernia. Operation under spinal anesthesia. The abscess cavity was dissected up with difficulty and found to be the appendix. A separate abdominal incision disclosed an incarcerated loop of ileum, gangrenous, and two perforations. He resected five inches of the intestine, and resorted to end-to-end anastomosis with suture. The appendix was removed in the musual manner. The patient made an excellent recovery.

Torsion of Omentum.

Dr. W. W. Grant, Denver, reported an interesting case. He is positive, from the nature and character of the adhesions, the condition of the intestine and absence of any indication of disease, past or present, of every other organ or part, that it is of long standing. It seems possible, he said, that it can have dated from the existence of hernia in childhood without causing intestinal obstruction or torsion at an earlier date. The vomiting may have been due to a momentary obstruction from volvulus due to the adhesion and intestinal peristalsis.

In reviewing the literature Dr. Grant found 61 cases reported. He agreed with Richardson, of Los Angeles, that strangulation of the omentum from pressure or adhesions does not constitute torsion and should not be classed as such. Only 7 cases are entirely intra-abdominal. His own makes 8. The torsion may be single or double, but usually the former. In the intra-abdominal cases the symptoms closely resemble those of acute appendicitis, and up to the present time with a probable diagnosis of the latter. Even in hernia, the abdominal symptoms are pronounced in most cases. The tenderness and dulness at an early period cover a wider area than in appendicitis; yet, if on the right side, both subjective and objective symptoms simulate those of acute appendicitis. If hernia exists, one should especially be on guard as to the differential diagnosis. The history of torsion of the greater omentum justifies this precautionary statement, and he hopes that these suggestions may be accepted as timely. He believes this case is unique and exceptional in being completely amputated by torsion from the body of the omentum and in being fixed by adhesion to one point of intestine and to nothing else.

[To be continued.]

Is it rational to suppose that digitalis and strychnine are the only real radiants?—Blair, Medical Council.

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CLINICAL THERAPEUTICS

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THE MEDICAL TREATMENT OF GASTRIC ULCER.

S. A. ARANY, M. D.

Consulting Physician at Carlsbad.

The progress and development of surgery made it possible that cases of gastric ulcer and its complications which have been considered as fatal in former years, are amenable to surgical treatment and recovery. It is undeniable that numberless people owe their life to the skilful and timely intervention of the surgeon's knife, but, on the other hand,

there is very little doubt as to the fact that many a surgical intervention, however skilfully performed, has accelerated the patient's death, who, under proper and carefully prolonged medical treatment, could have enjoyed his life and fairly good health for many years to come.

It is not very long since the operative treatment of appendicitis has been introduced, and nowadays its employment has become so universal that medical treatment of that ailment has almost gone out of fashion. I say medical treatment has gone out of fashion, as it is fashionable to recommend a patient who suffers with some symptoms of appendicitis to undergo an operation whether there be immediate necessity or not. Now, in one-third of the cases the surgeon reveals that there was nothing the matter with the appendix; in another the conscientious surgeon may find the appendix in a condition that would have improved with less risk under a proper medical treatment; and finally, in the last third of the cases the surgeon will find that his intervention is really wanted.

I consider it just as grave a mistake to send a case in which medical treatment may be successfully employed under the surgeon's knife as to hesitate with the operation in a case in which medical treatment proved to be of no avail.

I look upon the operation of appendicitis as an ultima ratio, and am of the same opinion as far as gastric ulcer is concerned.

The operative treatment of this latter disease is also very much in vogue, and the profession resort to it much oftener than needful. It ought to be looked upon as an ultima ratio, and its indications which I beg to give in the following, deserve to be well considered: I only avail myself of the surgeon's help: If the patient's life is in danger (1) through fulminating hemorrhage which cannot be arrested; (2) through perforation; (3) inanition caused either by the fact that the ulcerated stomach cannot retain any food, or by contractions and adhesions.

I have lately read a good many papers advocating surgical treatment in preference to medical treatment, and some of the authors even go so far as to state that medical treatment effects only in 25 per cent of the cases a cure.

This is a very small percentage indeed, and I cannot account for it under any consideration, unless I am to suppose that the cases referred to have been collection of unusally severe cases. For well-known clinicians as Leube, Ewald and Cohnheim's statistics average between 50 and 70 per cent, but as many of their patients comprise hospital patients who cannot always be depended upon, as, after their leaving the hospital, we very rarely know how they were getting on, I beg to quote my statistics, and shall confine myself to cases of whom I hear from time to time, not taking into account such cases as I have seen once or twice in consultation.

The number of my cases is eighty-two, all of whom I have known from two to ten years. Out of the eighty-two eleven have died from the following diseases: Six died from cancer, after having enjoyed from four to seven years' fairly good health after their treatment for gastric ulcer; two have been operated upon for hemorrhage twelve and sixteen months respectively after their treatment and died soon after the operation; one died of perforation, one of diabetes, one of apoplexy.

The remaining seventy-one are enjoying fairly good health; of course, some of them have to live carefully and are in need of some treatment from time to time: but do patients on whom a gastro-enterostomy has been performed do differently? Is it the rule or is it the exception, that robust health of a normal constitution has been restored by the operation?

If medical treatment is not always successful there are principally three reasons which account for it: (1) Late diagnosis; (2) wrong treatment, under which heading I also comprise treatment which has not been continued for a sufficiently long time; (3) carelessness and disobedience on the patient's part.

The diagnosis of gastric ulcer is not quite so easy as our text-books have taught us. We have learned in school that in gastric ulcer the patient complains about violent pain in a localized spot, which occurs almost immediately after meals. The pain is localized in the right hypochondrium, and is in most cases followed by vomiting. But in what a cluster of diseases do these symptoms appear? Don't we meet them in ordinary gastralgia, nervous dyspepsia, gall-stones, and nephrolithiasis? Doesn't the primary stage of cancer show the same symptoms? But the text-book points out two more very important symptoms, namely, hyperchlorhydria and hematemesis. As far as the first is concerned, it is a symptom on which in a great majority of cases we can depend, but it cannot be looked upon as a conditio sine qua non.

According to Ewald's investigations, only in 34 per cent of his cases was hydrochlorhydria present, whereas in 57 per cent the acidity was normal, and in 9 per cent the acidity was found to be subnormal. Out of my eighty-two cases the acidity was tested in sixty-eight cases, out of which latter in sixty-three cases hyperchlorhydria was estab-

lished, and in the remaining five the acidity was normal. Hematemesis is very often the only symptom which raises the practitioner's suspicion as to the nature of the disease, but it is of quite frequent occurrence that hemorrhage remains unobserved and in many cases the amount of blood is very small, and in other cases vomiting does not take place, and the feces are not paid attention to.

Palpation is but of secondary importance; it very rarely reveals the seat of the ulcer, and owing to the hyperesthesia of the patients, very often misleads the examiner.

If the text-book doesn't supply us with all the information we want, practise teaches us that a patient suffering from gastric ulcer is very rarely so emaciated and cachectic as a sufferer from cancer; he also recuperates very soon after the acute symptoms have left him, and enjoys, in contrast to the latter, a very good appetite, has a clean tongue and no nasty taste in the mouth, as is usually the case in dyspepsia and cancer. The fear of food, in contrast to the loathing of food in other stomach troubles, is also very characteristic in gastric ulcer. These and several other little things must guide the practitioner in making a diagnosis, in which case diagnostic errors and ill-effects from medical treatment will not be experienced.

Treatment.—In acute stage of the disease the patient must be confined to bed for eight or ten days. Absolute rest will best alleviate the pain and hemorrhage. For the latter I usually employ the ice-bag and make the patient swallow ice. This usually stops the hemorrhage; should it prove insufficient, hypodermic injection of 1 c.c. of 0.1 per cent solution of adrenalin will in most cases stop the bleeding. Instead of the ice-bag, Leube and others recommend hot applications, which I prefer to use in the second stage of the treatment. Very effective is the administration of magistery of bismuth, first recommended by Matthes, and chiefly advocated by Kussmaul and Ewald. The latter recommends as large doses as 20 grammes per diem; he prescribes the drug in a watery solution to be taken in three portions. The drug is to be taken for a protracted period, and Ewald never noticed any ill effect, even if 600 or 800 grammes have been consumed. Matthes' object in administering the bismuth is that the latter forms a coating round the stomach wall and protects it from further injury.

With the same object Cohnheim prescribes his oil treatment, but the oil is not so well tolerated as the bismuth, although its action on the hyperchlorhydria is undoubtedly beneficial, and has, if anything, a high nutritive value.

I remove the ice-bag on the third or fourth day and replace it by cold compresses which are changed every hour. On the same day, the patient, who has hitherto been fed by the rectum, gets small quantities of milk (preferably cold, boiled milk in the first few days). Or if the latter is not tolerated, bouillon. The amount of milk or bouillon must not exceed two pints per diem in the first three days of alimentation per os, and all we can add is a raw egg or two, which must be well beaten up in the milk or bouillon, and is mostly well tolerated by the patient.

At the end of the first week the patient is put on a mild Carlsbad treatment, as first prescribed by Leube. The latter gives his patients a tumblerful of luke-warm Carlsbad water, which decreases the acidity of the stomach and also acts as a mild aperient. I prefer to administer the Carlsbad water fairly hot—about 140 deg. F.—and give the patient three wineglassfuls in the course of two hours. Now the quantity of milk may be increased, and porridge and soft-boiled eggs may be added. As a rule, on the tenth or twelfth day the patient is quite relieved of pain and feels fit to leave his bed. As soon as this stage is reached I increase the amount of Carlsbad water to three tumblerfuls a day, and in cases of constipation add a teaspoonful of Carlsbad Sprudel salts to the first tumbler. This goes on from four to five weeks, and in the three weeks of treatment I replace the compresses by a termophore, to be employed during the night. Dietary concessions must also be made, as the patient will now possess a good appetite and require some solid food. This, however, must be done very carefully, as many a relapse has been caused by an over-generous diet. I wish to emphasize this fact, as latterly a certain part of the profession in Germany is rather in favor of a generous diet even immediately after the hemorrhage, intending thereby to increase the patient's power of resistance. How risky this theory is is needless to explain, and my general rule is to keep the patient on milk, porridge, rice pudding, fish, fowl or greens for at least two months, and even afterwards to advise him to abstain from beef, pork, game, pastry and bread. This latter, in any shape, is very badly tolerated and should be replaced by gluten biscuits.

THERE is such a condition as idiopathic swelling of the liver—an acute hepatitis—due to an unknown cause. The condition gradually subsides without treatment.—Amer. Jour. of Surg.